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"NEC TENUI PENNĀ."

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

This Association held its sixth annual meeting in Cincinnati on May 16th. The session was a quiet one, and the attendance was larger than might have been expected when the depressing circumstances under which the members met are taken into account.

A survey of the proceedings shows that outside of a mutual exchange of views as to how a reform in medical education might be brought about, with some amendments to the constitution and by-laws looking to a modification of the rules which fix the requirements for graduation, little was accomplished. All the eastern colleges had withdrawn from the Association, and not a few of the western and southern schools had promptly followed their example. Clearly there was nothing left to be done by those who stood true to their colors but to adopt a standard which would allow them to successfully compete with the influential institutions which had deserted them.

Reform in medical education in any true sense of the term can not under the circumstances be hoped for in the immediate future; but still the members of the organization believe that the Association has done good work, and developed a strength and efficiency which warrants its continuance.

The society adjourned with the full belief on the part of its members that the meeting

at Nashville next May would show substantial gain in favor of the cause for the promotion of which it was established. The following quotations, from two of our western cotemporaries, give a clear view of the situation:

It was a felicitous thought upon the part of Prof. Bodine to celebrate our one hundredth anniversary by inaugurating an advance in medical education in the United States. The Association of Medical Colleges formed in 1876 accomplished much good and was felt to be a power in the country. The flimsy pretext given by one of the most prominent New York schools for not joining the Association was that their laws of organization *in regard to beneficiaries* would prevent their conforming to the rules of the Association. Because this school, being unfettered, might form a larger matriculation-list, other schools feared theirs would become less, and withdrew from the Association. The "five-per-cent-of-deadheads rule" of the Association they saw would dwindle their matriculation- and graduation-lists too much, and the Nestor of the profession turned the corpse over two years ago to the anatomist, the incoming president, Prof. Bodine, and the eastern schools took their leave. These schools still have the assurance to send their circulars west and south, we presume, to let the students of those parts know that the latch-strings are out should any attempts be made at unwarranted advances in the standard.

As the membership of the Association stood three years ago, no school in the country could have lived even probably to the present day without either becoming a member or making its standard to correspond with that of the Association. Some county societies had already come to the support of the Association by voting to recognize only the diplomas of such colleges as belonged to the Association, and in a very short time State societies would have done the same.

Thus we see the foundation was being laid deep and strong, and medical teaching bade fair to be clothed with a dignity becoming the noble calling.

No one would dare to do such violence to the intelligence of the general profession of the country today as to say it is satisfied with the present medical status.

There is already manifesting itself a feeling of impatience on the part of the profession for a higher standard, and State boards of health are springing up, and medical schools are served with notices of their increased demands.

If we are not in error, it was the determination of the West and South at the recent meeting of the Association of American Medical Colleges in Cincinnati not only to second the steps of these State boards, but to be able to say to them, We are prepared and have ordered another advance; will you support the column?—*Cin. Lancet and Clinic*.

The tone of the meeting, which continued through the entire day, and the spirit of its individual members indicated that the Association has entered upon a more hopeful future. They are convinced that as great benefits will accrue to medical colleges from intimate association and organization as to other institutions or individual interests.

It will be seen that all the eastern colleges have withdrawn from this Association. Those who have watched the history of this Association will remember that this withdrawal followed closely those efforts which the western schools made to advance the requirements for the degree of M.D.

Thus deprived of all sympathy or encouragement from either the medical colleges, the medical profession, or the medical press of the East, the Association has been compelled to withdraw for the present its requirement for attendance upon three terms of college instruction as a condition for conferring the degree of M.D. It is hoped that such a change in professional affairs may speedily take place as will permit a return to the three-term requirement, or even a still greater one. Meantime it is hoped that all reputable medical colleges who recognize the fitness of a yearly friendly conference between the several medical schools, and the advantage of combined efforts by the same, will join the Association and help on its work.

J. M. BODINE, *Pres't.*

—*Detroit Lancet*.

The enemies of this movement will doubtless rub their hands with satisfaction as they view its failure to secure the much-desired end for which it was set on foot; but their complacency must be somewhat disturbed when they see it continue on a basis which may enable it ultimately to reach a substantial reform in medical education. Though it were as dead as the political issues of

twenty years ago, they can not say that its operations have been barren of results or that the condition of medical education today is not better because of its work. Numerous schools under its influence have been compelled to discontinue abuses which were making medicine a by-word in the land; and if it had not these results to show as trophies of its conquests, it can claim the lasting honor of having called the eastern schools to show their hands, that all might see the sort of game they were playing. The cry of cheap schools and low standards for graduation when trumpeted forth in the future, as in the past, by these institutions will fail to charm the ambitious western student into the belief that these schools are run upon any higher basis than that of their western rivals.

Again, it has demonstrated the fact that a reform in medical education must come through the profession and the people at large. No school or association of schools can raise the standard of medical education so long as it is possible for a half dozen doctors in any town to secure from the legislature of the State in which they may live a charter constituting them a faculty of medicine; for with every well-established college that proposes to graduate students only upon a rigid examination, a dozen of these ephemeral schools will spring up and offer to take them and put them through on easier terms. The old school therefore if unendowed must accommodate itself to the new conditions or starve in stately dignity, since the majority of students are prone to take the shortest route to the degree.

The profession is blameworthy in another particular, since physicians too often take as students young men who are wanting in the general education and culture necessary for the proper mastery of the college course of instruction. The colleges teach medicine and its collateral sciences only, and to master these mental discipline and a certain amount of preliminary education are required of the student. The college has done its duty when it has put into the minds of its stu-

dents the essentials of the science of medicine, rejecting, of course, at the final examinations, the idlers and hopelessly incompetent; and if the preceptors will send to the colleges men who ought at the time to be studying at the district schools, they must not complain if, upon their return with the much-coveted diploma to enter the field in competition with those who sent them, the young doctors are neither philosophers nor savants.

Turning to the people, who will say, on noting the encouragement which quacks receive on every hand from the clergy, the press, and the laity, with the uncounted gallons of nostrums recklessly swallowed day by day by high, low, rich, and poor, that the people care for legitimate medicine? Or who, on seeing among regular practitioners the ease with which the shrewd or handsome ignoramus acquires a large and paying practice, while his more cultured and competent neighbor starves by his side, will say that the people are not supplied with better doctors than they are willing to support? No reform ever comes until the spirit of the age is ready for it. When the people want better doctors they will cease to encourage charlatans, stop swallowing nostrums, legislate against wildcat medical schools, and endow a suitable number of institutions for the production of scientific physicians. Until that time comes, the advocates and supporters of legitimate medicine must be content to make the best of their circumstances; and to do this they will be compelled to adjust themselves, in a measure at least, to their environment. The schools must make the best physicians possible of the material given them to work upon, while the profession at large must, by the display of superior skill, bring the people up to an appreciation of the best. Legitimate medicine will always have a place, but in the present condition of things there will ever be found some chaff among the wheat.

The American Medical College Association has failed so far as the attainment of immediate results is concerned, but its

founders and supporters will find in the retrospect much that may give them comfort. They have put themselves on record for reform, and shown where the barriers to the movement lay, causing its friends and its enemies to take sides. However bad may be the state of medical education in the future, no one can point the finger of scorn at them.

Another count in their favor is, that they still continue the organization, thus showing that they do not propose to give up the good work, though none can realize more fully than they that

"Never on custom's oiled grooves
The world to a higher level moves,
But grates and grinds with friction hard
On granite boulder and flinty shard."

MISCELLANY.

IODOFORM IN SURGERY.—Dr. W. T. Belfield writes from Vienna to the Chicago Med. Journal and Examiner:

The question as to the value of iodoform in surgery (or rather as to the dangers attending its use, for in regard to its good qualities there is no essential difference of opinion) is still the subject of animated discussion. The deductions of König, as a commentary to his report of disastrous cases in recent numbers of the *Centralblatt für Chirurgie*, have called forth energetic protest from god-father Mosetig Moorhof. He says, "I have never had a case of intoxication from iodoform, although I have used iodoform dressings almost exclusively during the last four years in the treatment of some three thousand in-patients and about four thousand out-patients." He explains this fortunate immunity by the facts (1) that the iodoform is never used in large quantities (seventy grams is his maximum, I believe); (2) that it is never kept in contact with the wounded surface *under pressure*; (3) that the dressing is changed only at long intervals; (4) that in changing the bandage the wound is never syringed out in order to apply fresh iodoform, because, as is known, absorption proceeds more rapidly in granulating than in fresh wounds; (5) because the iodoform is used alone, i. e. without any other antiseptic. He lays great stress upon this latter measure, and denounces especially the (in Germany almost universal) combi-

nation of carbolic acid with iodoform. He refers to several cases of reported intoxication, in one of which the reporter (Höftman) says, "The scanty urine, containing large quantities of carbolic acid, first showed the presence of iodoform on the third day, after disappearance of the carbolic acid." In another (König's), "The urine is almost black, but contains no iodine salts." Now, inasmuch as Mosetig, who does not use carbolic acid, always finds iodine in the *first* urine after an iodoform dressing; and inasmuch as carbolic acid is known to cause irritation, even inflammation of the kidneys, Mosetig is inclined to ascribe the retention of the iodine in the blood, and hence the intoxication, to the use of carbolic acid. He urges therefore the exclusive use of the one or the other antiseptic.

Winiwarter, in Liège, a former assistant of Billroth, has recently appeared among the champions of iodoform. He has secured all the good and none of the bad results ascribed to the dressing, having never seen a case of intoxication. He irrigates the wound with carbolized water, and usually drains. He paints superficial wounds with a solution of iodoform in collodion.

In another of the large surgical clinics in Vienna (Prof. Dittel's) iodoform has been the staple dressing for the past year, without having caused any decided symptoms of intoxication.

MEDICO-CHIRURGICAL SOCIETY OF LOUISVILLE.—At a recent meeting of this Society Dr. J. B. Marvin was elected president and Dr. Ap Morgan Vance secretary and treasurer for the ensuing year. These elections were unanimous, the secretary casting the vote for the Society.

Dr. W. O. Roberts, the retiring president, made some appropriate remarks, in which the work of the Society for the year was passed in review.

CONDEMNED AT HOME.—Drs. Alonzo Clark, F. H. Hamilton, and N. Bozeman approve the action of the American Medical Association in excluding the delegates from the New York State Medical Society, and express the belief that at the next meeting of the State Society there will be a sufficient representation of the profession of the State to repudiate the new code.

COLLEGE OF PHYSICIANS AND SURGEONS is the name of the new medical school in Chicago.

THE ADMINISTRATION OF CHLOROFORM.—The *Gazette des Hôpitaux*, at the end of the *résumé* of the prolonged discussion on this subject which has just terminated at the Académie de Médecine, furnishes the following account of the rules of procedure observed by a *collaborateur* who has been much employed, with constant success, in the administration of chloroform during the last ten years:

1. The compress is to be preferred to all other means. A handkerchief is to be had every where, and alarms the patient less than any thing else.

2. Fold the handkerchief into the form of the mouth of a horn, and keep it closely pressed against the point of the nose; but only pour the chloroform on the part of it which is not directly in contact with the skin.

3. Its application should be intermitted, but this need not be done in the precisely regulated manner recommended by Professor Gosselin.

4. Give very little chloroform at the commencement, in order to accustom the patient to it and prepare him for the feeling of suffocation. Then, when the first inspirations are over, pour on the chloroform very often, otherwise much time will be lost and complete anesthesia obtained only with difficulty.

5. Before making the application take care that no article of dress constricts the patient, removing even the string of a cap.

6. Expose the epigastrium, and from the very commencement keep the eye upon it, and *constantly* watch the respiration, without caring about the pulse.

7. Always have a forceps within reach.

8. As soon as the respiration becomes noisy and stertorous, remove the compress and allow the patient to breathe fresh air for a time.

8. When respiration is arrested, seize the tongue with the forceps and draw it out, and immediately commence artificial respiration. If the respiration is not reëstablished after a few seconds, place the head low, forcibly flagellate the cheeks, keep the tongue out, and continue the artificial respiration for five, ten, fifteen, or even twenty minutes, if necessary.

9. When the respiration is noisy, pass into the back of the throat a sponge mounted on a forceps, in order to remove the mucosities existing there, as they frequently do in patients suffering from colds.

10. There is but one contra-indication to

the employment of chloroform—namely, advanced phthisis. Affections of the heart are not contra-indications.

11. Hysterical subjects should be distrusted.

12. Alcoholic subjects are very long and difficult in being brought under the influence of chloroform, but they may take it without danger.—*Med. Times and Gazette.*

VICTIM OF THE ANTI-VACCINATION CRAZE. The following in regard to Samuel Piercy, the actor, who died of smallpox in Boston a short time since, is copied from the New York correspondence of the Philadelphia Press: "He was one of a half dozen intelligent men I ever knew to be influenced by the crazy howls of the anti-vaccination fanatics. Jebb and Bergh and the rest of the mistaken lot had managed to convince him that the risks lurking in the preventive were worse than the dangers of the disease. Before leaving New York, a few weeks ago, he laughingly rejected the advice of friends who urged him to be vaccinated. He was a convert to the views of Jebb and Bergh, and he paid the penalty of martyrdom."—*Boston Jour. of Chem.*

NEW MYDRIATIC.—Dr. Emmert, of Berne, has made a series of experiments upon the pupil-dilating powers of hydriodate of hyoscin, a crystalline salt obtained by treating hyoscin with hydriodic acid. Hyoscin is an alkaloid obtained from amorphous hyoscyamin. The results showed that the new salt acted more energetically and more rapidly than either sulphate of atropia or duboisin. The solution need not be stronger than one to one thousand, and even then it is more active than the half-per-cent atropia solution. It is also less poisonous than the latter. Even at its present price, which will naturally be reduced if the drug becomes better known, it is a cheaper as well as a stronger mydriatic than atropia.—*London Pract.*

PROF. LANGENBECK is soon to retire from his professorship in the Medical Faculty of Berlin. His retirement is heralded by expressions of regret from every quarter. Though seventy-one years of age, he has still a sure hand and an unusual elasticity of mind and body.

THE late Dr. Pancoast left an estate valued at a million of dollars. It is safe to say that he did not make it out of his practice.

Original.

ON CHOLERA INFANTUM.

BY W. F. HAMER, M.D.

I shall not enter into the general details of this subject, as every practitioner knows what infantile cholera is, but will simply report some cases as they have occurred in my practice.

CASE I.—I was called to see M. E., aged eleven months, July 10, 1881, at 10 A.M., and found her vomiting, the bowels acting every ten minutes, the discharges being very watery; pulse 140, temperature 104°. There was considerable stupor. She was placed in a mustard bath for from six to ten minutes, and afterward rubbed dry and laid in bed. The following was ordered: Iced gum-water freely as a drink alternately with subnit. of bismuth and saccharated pepsin, of each ten grains, given in ice-water every one or two hours. A poultice of mustard and flaxseed was placed over the abdomen and cold applications made to the head. I called at 2 P.M., and found the patient resting easy. The bowels had moved four times and there had been some vomiting; pulse 130, temperature 102½°; treatment continued. I saw her at 7 P.M.; pulse 130, temperature 102°; had vomited two or three times; bowels had acted three times since 2 o'clock. The bath was again resorted to and the following prescription was given: R Tinct. opii deodorat., gtt. x; bismuth. subnit., ʒ ij; syrup. simpl., ʒ ss; mist. cretæ, ʒ jss. Mix. Sig. Teaspoonful every two hours alternately with the gum-water. Iced brandy was also prescribed.

Called at 6 A.M., July 11th; patient resting easy; treatment continued. Called at 11 A.M. There had been some vomiting, but the bowels were easier; pulse 120, temperature 102°. The bath was again given and treatment continued. At 2 P.M. patient was resting well. At 8 P.M. pulse 130, temperature 102½°; bath again given and treatment continued.

At 7 A.M., July 12th, patient had rested well, vomited but twice during the night; the bowels had moved three times; pulse 115, temperature 100°. At 3 P.M. still improving; medicine to be given at longer intervals.

July 13th, at 8 A.M., still improving. Case discharged.

CASE II.—R. H., aged fourteen months. I first saw him on July 14th, at 3 P.M. The

bowels were acting frequently and the patient had vomited several times; pulse 120, temperature $103\frac{1}{2}^{\circ}$; the stools were thin and watery. I ordered the following: R Bismuth. subnit., \mathfrak{z} ijss; pulv. cret. camph. c. opii, \mathfrak{z} ss; pepsin sacch., \mathfrak{z} ij. Mix and divide into ten powders. One powder to be taken every two hours in ice-water alternately with gum-water. A poultice of flaxseed and mustard was applied over the abdomen moistened with an infusion of hops. Cold applications were made to the head. At 9 P.M. pulse 130, temperature 104° . A mustard bath was given and iced brandy ordered to be given alternately with the powders.

At 6 A.M., the 15th, the bowels were easier, but the patient had vomited three or four times; pulse 120, temperature 102° . Treatment continued. At 1 P.M. resting at ease. At 7 P.M. pulse 115, temperature 101° ; the bowels had moved three times since my last visit; patient had vomited once.

At 8 A.M., July 16th, still improving. Case discharged.

CASE III.—Z. E., aged sixteen months. I visited him on July 17th, and learned from the parents that previous to my call he had had simple diarrhea for a week or more. At time of visit the vomiting was persistent, the bowels acting at short intervals; stools very watery and in considerable quantity at each passage; pulse 130, temperature 104° ; patient very restless. During this visit the patient was seized with a convulsion, which lasted for about twenty minutes. The mustard bath was given and the following prescribed: R Potas. brom., \mathfrak{z} ij; aquæ menth. pip., \mathfrak{z} ss; aquæ destil., \mathfrak{z} jss. Mix. A teaspoonful every twenty minutes until quiet is restored. A poultice of mustard and flaxseed was applied over the whole abdomen, and as soon as he became quiet the following prescription was given: R Bismuth. subnit., pepsin sacch., āā gr. xij, in ice-water, to be repeated every two hours. Cold applications to the head were also ordered. At 5 P.M. the patient was easy; pulse 120, temperature 102° . Bath again given and treatment continued.

I saw him again at 7 A.M. the 18th. He had vomited some three or four times, and the bowels had moved four times; pulse 115, temperature 101° ; treatment continued. At 1 P.M. bowels were acting more frequently and the vomiting continued. The bath was again resorted to and the following was prescribed: R Bismuth. subnit., pepsin sacch., āā gr. xij; pulv. Dover., gr. ss. Mix. To be given in ice-water every two hours; also iced

gum-water alternately. At 8 P.M. the patient was resting well; he had vomited twice and the bowels had acted three times; pulse 115, temperature $101\frac{1}{2}^{\circ}$. Treatment continued.

At 7 A.M., July 19th, I found that his bowels had moved but three times during the night, and that he had vomited once; pulse 110, temperature 100° ; treatment continued. Saw him at 5 P.M.; he was still improving, and I discharged the case.

CASE IV.—On August 13th, at 2 o'clock A.M., I was called in haste to see H. R., aged fifteen months. I found him in a violent convulsion, which lasted about thirty minutes; bowels acting very freely, and there was much vomiting. I gave chloroform by inhalation and had a large mustard poultice applied over the bowels, with smaller ones around the wrists and ankles. The convulsion being under control, he was put upon the following: R Potass. brom., \mathfrak{z} ij; aquæ menth. pip., \mathfrak{z} ss; aquæ destil., \mathfrak{z} jss. Mix. A teaspoonful in ice-water every thirty minutes until patient becomes quiet. The bismuth and pepsin, as prescribed in the other cases, were given every hour or two in ice-water. Cold applications to the head were also made. At 8 A.M. there was some vomiting, but the bowels were easier. The potass. bromide mixture was ordered to be given every two or three hours with iced gum-water and brandy, and pepsin and bismuth every hour or two. At 1 P.M. the patient was easy; treatment continued. At 8 P.M. had vomited but twice since my last visit; his bowels had acted four times.

7 A.M., August 14th, he had rested well during night; treatment continued. 5 P.M., patient still improving. I ordered the medicine to be given at longer intervals, and on the next day discharged the case.

OTTAWA, KAS.

ANCHYLOSIS OF THE HIP.

BY CHAS. C. F. GAY, M.D.*

Anchylolosis may be true or false. True anchylolosis may be straight or angular, partial or general; it may be limited to a single joint or involve them all at once. False anchylolosis is the rule and true anchylolosis the exception. No period of life is exempt from it. Childhood and old age are subjects of it, as it is sometimes congenital.

In the movable articulations (diarthrosis) we have both forms of anchylolosis. It is most

*Abstract of a paper read before the Section of Surgery, American Medical Association, St. Paul.

frequent in the hinge-joints (ginglemus), and most rare in the ball-and-socket joints (enarthrosis). Anesthesia is frequently necessary in order to differentiate the true and false or fibrous ankylosis.

Questions of risk to life and limb always present themselves when considering the advisability and feasibility of breaking up an ankylosed joint, and the first question that arises has reference to the probability of obtaining such measure of relief of deformity as shall be sufficient to compensate one for the risks taken.

The second question has reference to choice of operations: the selection of that one which best promises immunity from danger, avoids the maximum of risk, and gives greatest guarantee of good results. The innocuousness of violent manipulation of ankylosed joints is most wonderful, yet we can not ignore the fact that operations on the larger joints are attended with more or less danger, which is sometimes, it must be conceded, more imaginary than real.

The statements of W. Mitchell Banks, F.R.C.S., and Erichsen relative to the indications for breaking up a joint were quoted, and Dr. Gay, in his paper, stated that if these statements be literally true, and if we have to acknowledge that modern surgery has no recourse for straight ankylosed limbs, then this class of patients are in a helpless condition. The case I herewith report, in which I illustrate the risks of an operation by fracture, will assist one in arriving at a correct solution of the questions involved better than from any thing I can say. It is a case, the treatment of which, though not carried forward to completion, nevertheless constitutes a contribution of some value to the surgery of ankylosis of the hip.

A patient, twenty-two years of age, entered the Buffalo general hospital with the following history: He was healthy, unmarried, and a farmer, and in 1874 had rheumatism. He had three different attacks. One year since he took a few doses of medicine for this ailment, which was followed by convulsions. He became unconscious and remained so three hours, after which he was paralyzed. He gradually regained use of his arms and ankle-joint, but the hips and knees became permanently ankylosed with the limbs in a straight position, so that the axes of the femur and the trunk corresponded. Before any attempt was made to relieve the limbs it was believed that the ankylosis was extra- and not intra-articular. The patient was willing, since he was obliged to

maintain the recumbent posture, to undergo any reasonable risk provided encouragement could be given of relief.

Accordingly, after agreement that if upon trial it was found impracticable to restore mobility to the joints, the neck of the femur should be fractured with the view of making a false joint. On March 26th the patient was etherized, when it was ascertained that the ankylosis was long and complete. The pelvis was now secured to the operating-table, the limb grasped at the great trochanter with both hands, while assistants secured firm hold of the shaft of the femur. It required but little force for a short time applied to fracture the neck of the femur; but whether the fracture was intra- or extra-capsular could not be ascertained, nor was it material to know. The capsular ligaments were thought to have been previously destroyed by disease. But little pain followed the operation, and on the second day the patient was comfortable and made no complaint. The limb had been brought up to a right angle with the body, but was left extended for a few days, after which motion was made and practiced from time to time. A little later the limb was suspended by means of a cross bar, to which was attached a rope and pulley, the patient being himself able to move his limb in any direction.

On May 7th, six weeks after fracture, the patient was again etherized and the opposite limb fractured by the same method at its neck, and in addition adhesions of both knees were broken up and the limbs flexed beyond a right angle with the thighs. The patient was put to bed with his limbs in a straight position, and an anodyne administered hypodermically as often as it was required. Much pain of the knees was complained of, but there was less inflammatory action than had been anticipated. On the 9th the pulse was 134, temperature, 100° ; 10th, 109 and 101° ; 11th, 100 and $99\frac{1}{2}^{\circ}$; 12th, 106 and $94\frac{1}{4}^{\circ}$. He rallied well from the shock of the operation, and no motion of the limbs was made for a few days. At length, when passive motion was made, he bitterly complained of pain at the knees, and required an anodyne, but it was subsequently ascertained that a few drops of water hypodermically injected had just as soothing an effect as morphine. Therefore no more of this drug was given during the subsequent treatment.

About the middle of June, or six weeks after the last operation, the patient received peremptory orders to return home, and a

brother came and took him away, against our protest. At this time there was no osseous union, and as he was beginning to sit up in bed, his prospect was good, provided good treatment could have been continued.

BUFFALO.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

In a former letter I spoke of a woman who died of embolism of the pulmonary artery,* and during the past week we had pathological specimens presented of a second case of the same disease, occurring also in a woman. But in this instance the disease seemed to have been rather chronic in its progress, if such an expression is allowable in speaking of that generally rapid disease. It has, until lately, been considered infrequent in its occurrence; but that opinion may have existed from the fact that in many instances its true character was overlooked and its effects attributed to some other cause. It is now known to be of common occurrence, producing sudden death in many cases of pneumonia, rheumatism, metritis, etc., heretofore unaccounted for.

Prof. Welch, after explaining the cause of death in the case above alluded to, proceeded to speak of the characteristics of embolia and thrombi in general. Prof. Flint, in his work on practice, gives a better description of these pathological formations than I have seen in any other book.

A thrombus may be defined to be a clot formed any where in the course of a vein from the periphery toward the heart. This clot may form slowly or quickly, the latter being the case after parturition from contraction of the parieties of the uterus, in various operations and violent injuries to parts. This condition is more rare in the arteries from the fact that the blood circulates so much more rapidly in these vessels. They may form slowly in consequence of certain conditions of the blood, especially when it is highly fibrinous, during inflammatory processes, or in diseased conditions of the vessels. They might result slowly, for instance, in atheroma of the arteries resulting from syphilis, or in degeneration of those vessels in old age, as calcification with roughening of their coats.

There are two kinds of thrombi. The

first consists of the complete blocking up of the vessel. In the second the occlusion of the vessel is incomplete. The latter usually forms slowly. In the first place, a very small quantity of blood adheres to the diseased or roughened wall of the vessel, which is usually augmented from the current, until half or more of the caliber of the vessel is involved. Here the process of accretion may be arrested and the circulation be not very materially interfered with. A thrombus may be white, red, or mixed, these conditions depending on the time they have existed. If a considerable time has elapsed since their formation, all the liquid portion of the blood, with the coloring matter, will have been absorbed, leaving only the fibrinous portion, constituting the thrombus. When the clot has remained a short time only, there will be left the coloring matter of the blood, with the fibrin, constituting what is termed the red thrombus. The mixed variety is found where the patient lives for a few days after its formation. When a red thrombus is found, it is strong evidence that it was formed just before death, except perhaps in the heart, where a clot may form post mortem.

Thrombi, as such, always remain at the site of their formation, except in cases where they may project into the course of veins at their bifurcation, when it is possible a portion may be washed off and carried through the heart, and become an embolus in the pulmonary artery. A thrombus may form in either a vein or an artery, but an embolus never forms in a vein, except as above stated or perhaps in the vena porta; the reason of which is very obvious. An embolus is not always formed by blood, but may result from the escape of a particle of fibrous vegetation formed in the heart cavities or on the valves during endocarditis, or from fatty degeneration of some organ or muscle, or from air getting into the veins during surgical operations. A particle of fatty matter or a bubble of air may be carried along the vessel until it is arrested on account of bulk. Also a particle of cancerous matter or calcareous deposit may be detached and washed along in like manner, until it produces embolism of some vessel.

The effects of thrombi may be merely mechanical, interfering a while with the circulation, so as to produce edema, as in milk-leg, varicose veins, and neuralgia, when in a few days, by means of collateral circulation, these conditions may disappear. When thrombus occurs in the vena porta, we have congestion of the various viscera of the ab-

* LOUISVILLE MEDICAL NEWS, Vol. XIII, page 77, 1882.

domen, as the stomach, liver, kidneys, etc.; and, as in this instance it acts as an embolus, it becomes serious in proportion to the size of the vessel it obstructs. An infarction in the liver might be relieved to some extent by the hepatic artery furnishing blood-supply to the part thus cut off. Hence, a thrombus may be said to be bland or dangerous according to its situation, or as it may be complete or incomplete.

An embolus being arrested in a small artery produces what is termed an infarction or complete arrest of the flow of blood to the part which that artery supplies. The part thus deprived of blood becomes necrosed or dies. In a short time the tissue thus destroyed presents a whitened aspect, if the blood-supply has been entirely cut off; or if not completely, a slightly pinkish cast. This condition constitutes, if in the brain, what is termed softening from embolism.

An embolus may be bland, dangerous, or infectious. It is bland when the infarcted part can be nourished by other vessels through anastomoses; dangerous, when large enough to plug up large arteries in organs essential to life, or in smaller vessels supplying parts not furnished with blood by other vessels; infectious, when composed of putrid or decomposing material, as in matter derived from wounds, abscesses, or cancerous growths. When embolia derived from these sources form, a pathological process is set up in the part, producing abscess, which constitutes pyemia.

I have, in as succinct and condensed a manner as possible, stated in the foregoing remarks the nature and characteristics of thrombi and embolia. It may be remarked by some that every body knows all about these matters, and it is useless to publish them in a medical journal. This may be so with many, but I am convinced that some, at least—for instance, country doctors like myself—are not so well posted. I feel satisfied that many patients die from the effects of these troubles when the cause of death is not even suspected by the physician. When a person dies suddenly, it is generally said he died of heart or brain affection; or if he dies after lingering a while, with impairment of mental function, it is guessed that he died of brain softening, without knowing the cause. I therefore offer no apology for writing this article, but hope some doctor no better posted than myself will take the trouble to investigate the matter for the benefit of himself as well as his patient.

NEW YORK.

T. B. GREENLEY, M.D.

Books and Pamphlets.

A CASE OF SUBCUTANEOUS SUPRA-CONDYLOID OSTEOTOMY, FOR CURE OF GENU-VALGUM. By Ap Morgan Vance, M.D., late interne of Hospital for Ruptured and Crippled, New York; Orthopedic Surgeon of Kentucky Infirmary for Women and Children, etc. Reprint.

The history of the case is succinctly given, and the steps of the operation are nicely detailed. From a discussion of this case by certain New York surgeons, recently reported in the *New York World*, it would seem that though this operation has been performed in more than one instance in this country, Dr. Vance is the first American surgeon who has given a formal report of a case illustrating its feasibility and advantages. Dr. Vance attributes his success to the fact that the bone was cut in each instance through but one small incision of the skin and periosteum; the wounds, immediately after the breaking of the bones, being sealed up; by which means the conditions of a simple fracture were secured. If the plan of procedure adopted by Dr. Vance is practicable in every case, we see no reason why an operation which promises so much for the relief of so ugly a deformity should not become a common surgical procedure.

ST. LOUIS DRUGGIST PROSPECTUS: A New Weekly Journal devoted to the Interests of the Drug, Oil, Paint, and Chemical Trade of the United States.

The Druggist will consist of not less than twenty-four pages and a cover. The business management and general direction of the journal has been vested in Mr. W. F. Coulter, and upon the staff of writers already engaged is to be found the name of Prof. Oscar Oldberg.

The management of the new journal is in good hands, and we see no reason why the promises of its prospectus should not be fulfilled.

MINUTES OF THE TWENTY-SEVENTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY, held at Louisville, April 5, 6, and 7, 1882. Louisville: Terrell, Dietz & Co., printers.

This is a neat volume, giving a full review of the business transactions of the Society, with the titles of the papers read, a list of new members, and the work of the various committees. The department of Necrology contains the names of an unusually large number of distinguished physicians.

REPORT ON THE PROGRESS OF SURGERY. By W. O. Roberts, M.D., Professor of Surgical Pathology and Operative Surgery, University of Louisville. Reprint.

This report discusses not only recent advances in surgery, but also the vexed questions of the science. The last word has not yet been said upon topics that have engaged the attention of surgeons for many years. Dr. Roberts's contribution is clearly expressed and very comprehensive in its scope.

Selections.

Therapeutical Action of Ergot.—John Dewar, L. R. C. P., etc., in the London Practitioner for May, makes the following observations on the therapeutical action of ergot:

From its action on the circulation and the nervous system it is evident that ergot possesses a wide therapeutical range. In mentioning a few diseases in which I have found it useful I would place at the head of the list *pertussis*. I am aware that in this disease a vast number of remedies are useful; but after a pretty extensive trial, both in hospital and private practice, I am inclined to regard ergot as the best and safest. . . . Ergot seldom fails to cure whooping-cough in from one to three weeks. The cases that are longer in getting better are those complicated with bronchitis or with troublesome bronchial catarrh. I give from four to fifteen minims of the liquid extract every three or four hours to children of three months and upward. The benefit of the secale is at once apparent, the fits of coughing occur less frequently, and are not so severe when they do occur. I usually give it alone with a little sugar, but in complicated cases it may be combined with other remedies, and especially with the compound syrup of the phosphates to complete the cure when there is debility. . . .

Of its power to cut short the disease there can be no doubt, whatever be the theory of its action. This I have in scores of cases proved; nor is it necessary to give cases in detail, as all the cases would simply show a daily declension of the disease until, at the end of a fortnight or three weeks, the cough quite ceased. But in some cases the cough returns when the medicine is left off, so it may have to be continued for two or even three months; this, however, is the exception.

The power of ergot upon whooping-cough throws some light on its physiological action. Indeed clinical or therapeutical observation often aids physiological research, though without experimental (vivisectional) investigation the therapist would be in hopeless darkness. Its action in whooping-cough appears to me to favor the theory that the sensory peripheral endings only are affected, as central anemia of the cord from constricted vessels could scarcely account for the *speedy* antispasmodic action of the drug, though later on it may have something to do in bringing about a cure.

On the uterus. On the parturient uterus every one has tried the effects of ergot; yet obstetricians are frequently disappointed in its action, so much so that many say it is useless; and I suppose every one has felt it to be provokingly uncertain, even in a most suitable case—a well-advanced labor free from mechanical obstruction, a dilated or dilatable os, and a multipara. In vain are large and oft-repeated doses given, the sluggish uterus will not act. Whether it be the only one or not, I know one cause to be inertness of the drug. After a pretty extensive trial of powder, tea, tincture, and liquid extract, I have found the best results from the liquor secale ammoniata when well prepared. Let one typical case suffice: Mrs. M., in labor with her seventh child; usually *very* quick. Visited patient at eight o'clock in the morning. She had been in labor all night, during which time the membranes ruptured. Pains very feeble; os dilatable and as large as the mouth of a teacup. Went home, returned about twelve o'clock,

and found her much in the same condition. I then gave one dram liq. sec. ammon. (Ferris). In thirty-five minutes sharp pains came on, and in another fifteen minutes the child was born. Placenta came away easily. In this case the labor had lasted eighteen hours. In cases where I have given a dram and a half of the secale for a dose, violent uterine contractions have taken place, expelling the child and retaining the placenta for some time by hour-glass contractions. This retention of the placenta I have frequently found after giving large doses, but not with dram or half-dram doses.

Has ergot any action on the unimpregnated uterus, or on the impregnated before parturition has commenced? As far as my experience goes, ergot has no appreciable effect on the impregnated uterus when given in therapeutic doses. On the unimpregnated uterus its action is not very marked unless it be given for a lengthened period. In subinvolution and in chronic congestion and enlargement, the cavity of the uterus—the sound being judge—does not become diminished by the action of secale alone, but, with rest and other remedies, it helps. I have not much faith in its action on uterine fibroids. If they are submucoid, ergot will assist their enucleation after an incision has been made. But it is too much to expect from a remedy that a tumor of any size will have its blood-supply so cut off as to destroy the growth, or to cause enucleation by contractions. In such cases, however, it will assist natural efforts of expulsion when such have commenced.

Theoretically, ergot should have some effect upon all hemorrhages, congestions, and atonic conditions of the system. In hemoptysis it has been highly spoken of; but my experience of it in that disease is small, as I have found such good results from the tincture of hamamelis that I seldom use any other remedy. Again, it is constantly used alone or combined with sulphuric acid in menorrhagia, metrorrhagia, and with more or less success. So also in leucorrhea and galactorrhea, although I have not found it of much use in preventing or cutting short mammary abscess.

In atonic and enfeebled conditions so often met with in women where anemia is associated with a weak heart, inertia, etc., ergot combined with tincture of iron often acts better than strychnine and iron or digitalis and iron. Allbutt has used it with great benefit in men who are worn out from worry and who need bracing up. So with children I have found it in some cases a useful adjunct to the compound syrup of the phosphates where the latter is indicated.

In diarrhea several writers have spoken highly of ergot, but in my hands it has invariably failed; indeed it has always increased the diarrhea, and this, from its action upon the muscular fibers of the intestines, is what one would expect. Any theoretical advantage to be gained by contraction of congested vessels in the mucous membrane is more than counterbalanced by the increased peristalsis. In a typical case of chronic diarrhea which I had under my care a short time ago, and which continued for months despite every kind of treatment, I gave some ergot; but the patient could not be persuaded to finish one bottle, as he said it made him "worse than ever." The diarrhea was due to muco-enteritis, and the case did well on large doses of bismuth. In children who have been taking ergot for some time diarrhea frequently sets in. This is the only bad effect I find from its prolonged use—two or three months—in children; and when it is given in ordinary thera-

peutical doses, five to ten drops every four or six hours, it may be continued for a very long time without doing harm.

The action of ergot upon the spinal cord is well known, but in congestion of the brain in children I have been most unfortunate in its use, even in large doses. In some of my cases, however, there was a suspicion of tubercle.

The following case, which was under my care a few weeks ago, may be looked upon as illustrating the speedy action of ergot upon what appeared to be localized congestion of the cord: A little boy, aged four and rather delicate, was suddenly seized with what his mother thought a slight convulsion, in which he threw his head back, rolled his eyes, etc. Upon recovering he lay with the back of his head almost touching his spine, and he was in that condition when I saw him. On attempting to bring his head forward he strongly resisted and screamed. In this state the child lay for a fortnight appearing to get worse, for, besides his head being retracted, when he was held up his legs were found to be powerfully flexed on his thighs, and they could with difficulty be straightened. Iodide of potassium and various other internal and external remedies were used for a fortnight without the slightest effect. I then gave him ten minims of liq. ergotæ every four hours. In two days he showed symptoms of improvement, which continued until, at the end of a month from the commencement of the attack, he had recovered. During the last week the compound syrup of the phosphates was added to the secale. There are several interesting points connected with this case, but I am only concerned here with the action of the ergot.

The only other affection I shall mention where ergot seems to be useful and deserving of further trial is nasal catarrh. This troublesome complaint, which has hitherto resisted all remedies, if taken in its early stage may be cut short by a full dose of ergot, repeated if necessary.

Epithelioma, its Surgical Treatment—Loose Cartilages.—Before the London Clinical Society, May 12th, Joseph Lister, D.C.L., F.R.S., F.R.C.S., President, in the chair, Mr. Pearce Gould showed a man, aged seventy-three, on whom he had performed a new operation for amputation of the penis. The disease for which this was done was epithelioma, extending back to the pubes. The scrotum was split along the raphe, the urethra detached from the penis and fixed to the perineum just behind the scrotum, and the crura of the corpora cavernosa were then peeled off from the pubic arch, and the whole organ thus removed. The man had complete power over his urine.

Mr. T. Holmes related this case, which was that of a young man suffering from an ulcer of the leg, which presented decided appearances of epithelioma, both to the eye and the microscope. It was of very large size, almost isolating the tendo Achillis, and accompanied with considerable enlargement of the inguinal glands. These symptoms would undoubtedly have been held, in former times, to indicate amputation. The total removal of the epitheliomatous tissue, followed by the free application of the actual cautery, was sufficient to induce sound cicatrization, and the enlarged glands subsided entirely. This is a fresh proof of the feeble malignancy of epithelioma.

Mr. Dent had been struck by the favorable results obtained in these cases. In a case recently under his care, of flat epithelial cancer, of six years' growth,

this was scraped and cauterized with good results, though the growth extended down to the bone. In another case a woman had an epithelioma-like ulcer of the leg, alveolar and pigmented. The constitution also seemed affected. This would not be a suitable case for operation.

Mr. T. Smith said that all surgeons must have been struck with the varying malignancy of ulcers. Epithelioma in a subject of twenty must be very rare—he had never seen a case. At such an age it could hardly be very malignant.

Dr. Wiltshire remarked that even though epithelioma rapidly spread when it attacked the vagina, one scraping often sufficed to relieve pain and hemorrhage, though an offensive fluid continued to flow. In two of his cases the patients did well for some months, but after that time grew worse—one had died, and the other growing rapidly worse. In a case where Paul Mundé operated for him the whole uterus came away; the woman lived eight months, but died at last from uremic coma. A patient who had been scraped and cauterized four and a half years ago was still well.

Mr. R. W. Parker was struck by the fact that the tendo Achillis was entire in Mr. Holmes's case, as cancers tend to eat into any tissue.

The President mentioned the case of a patient who frequently came to Simon at Heidelberg for relief for an epitheliomatous ulcer in the rectum. He thought the spoon should only be used where the knife could not. However carefully removed, epitheliomata did recur. In a case of his own he had removed an epithelioma of the cheek, making a wide cut, but the growth returned. He was not sure of the epitheliomatous nature of Mr. Holmes's case.

Mr. Holmes, in reply, said he suspected that many growths originally local tended to become epitheliomatous and constitutional in type. His case certainly corresponded to the ordinary descriptions of epithelioma, and he would urge that such cases, if early treated, might result in the extirpation of a disease rapidly becoming malignant.

Removal of Loose Cartilages.—Mr. T. Holmes related a case of removal of loose cartilages. The case was in two respects remarkable—first, on account of the number of loose cartilages (there being six of large size and one small one) contained in the joint in a person not apparently affected with chronic rheumatic arthritis, and still very active, and even athletic; and next, on account of the perfect immunity which attended the somewhat protracted manipulations necessary for their extraction, there being no rise of temperature or any symptom of inflammation, except that which followed a somewhat too early use of the limb, and this was only trifling.

Mr. Haward had removed three loose cartilages from the knee of a man some time ago, and since then one in another patient. He advocated a free incision as better than a small one. He preferred small lithotomy-forceps to the fingers in the removal of the cartilages.

The president said the case was both rare and interesting. He had only seen one under Professor Thiersch, who removed several from one joint—some rather large. They seemed to grow after separation. Mr. Joseph Bell had suggested that they should first of all be fixed by a needle, cut down upon, and removed by the needle.

Mr. Holmes condemned this plan, especially if the cartilages were hard and resistant. Free incision with antiseptic precautions was undoubtedly the best

and simplest plan of procedure. In his own case he had failed to find two cartilages. Professor Pirrie mentioned a case where twenty-five were removed. It was quite a mistake to suppose that the joints were always diseased when loose cartilages existed in them.—*Med. Times and Gazette.*

Sensory Epilepsy.—In the New York Medical Journal and Obstetrical Review for June, 1882, Dr. Allan McLane Hamilton presents a paper on cortical sensory discharging lesions (sensory epilepsy), or that form of epilepsy in which the sensory element preponderates, whether as an aura preceding a motor discharge, or occurring as a part of a paroxysm in which there is little or no succeeding motorial disturbance, but simply a discharge consisting of a preliminary alteration of special sensibility, and an immediate subsequent stage of unconsciousness. In a majority of these cases there is, he remarks, the simplest form of subjective consciousness of sensory impressions, most of the attacks consisting of the primary stages suggested by Jackson, such as a sudden stench in the nostrils, or colored vision; but in two or three instances there has been much more than this, and the phenomena have been quite remarkable. In some cases the occurrence of a transient contraction of the fingers of one hand lent additional interest to the history, especially in regard to localization. In one case the patient's sensory condition was not the dreamy state referred to by Jackson, but there was always an hallucination of taste, the patient declaring that he had tasted copper or some other nauseous substance; and in other cases there were equally striking proofs of the primary involvement of the cortical centers. The occasional occurrence of hallucinations as a part of the epileptic attack has been mentioned by various authors. Brierre de Boismont, Esquirol, Delasiauve, Maisonneuve, Billod, Sommers, Bergmann, Guislain, and Tigges, as well as many other writers, have furnished cases which began with sensory auræ or hallucinations, but none of them, says Dr. Hamilton, have made a distinct classification of sensory and motorial epilepsy, and but little mention is made of the disease where the paroxysms consist solely of sensory phenomena, the disturbance of motility being absent. He has not, so far, met with cases in which the individual was influenced by his hallucinations to express them by special motor acts before the attack, except in an unimportant way. On two occasions he has been present at the beginning of a sensory attack. In one instance the patient complained afterward that he smelt a horrible stench. Immediately before losing consciousness he carried his hand up to his nose, and immediately afterward became oblivious to every thing about him. A similar action was performed by a patient who forcibly placed both hands over his eyes, as it afterward transpired, to keep out a bright light that blinded him.

In the light of all that has been done in the localization of cerebral disease, Dr. Hamilton thinks that we should discover, if possible, the part played by the cortical sensory centers in the genesis of such epilepsies. So far little has been brought forward to connect lesions of the sensory centers with special symptoms. In our pathological discussion of sensory epilepsy the distinction should be made between lesions of the thalamus opticus and those of the cortical sensory zones, for in the one instance the sensory disturbance may be called the essential, while in the

other there may be said to be an affection of special subjective consciousness. If an impression upon the organ of sense is sufficiently intense to impress the infra-cortical central sensory apparatus (thalamus opticus) centripetally, it does not follow that there need be any implicated alteration of function in the cortical sensory regions. A lesion of the posterior part of the thalamus opticus, for example, may result in blindness—a *mechanical* blindness, if such an expression can be used, though there are exceptional cases reported by Brown-Séquard where even this is not the case—but it will not produce *word-blindness*, a purely psychical defect. There must be some altered cortical function to account for the unmistakable mental operations which permit the individual to recognize the altered sense-states and enter into the involuntary formulation of hallucinations which are afterward remembered. The author therefore does not believe the disease of the thalamus opticus *alone* plays any part in the origination of hallucinations. He thinks we may recognize a form of epilepsy of sensorial character, the motorial features being either absent or insignificant; that such sensory manifestations arise from an unstable condition of the sensory cortical centers; that a light grade of sensory disturbance may indicate simply a suspension of inhibition through an exhausted state of the perception centers which are infra-cortical, or a suspension of the influence of the superior cortical centers, in which case the process is more complex, and the result may be the formation of hallucinations.

Treatment of Syphilis.—Sigmund asserts that the internal administration of mercury is fast losing ground. The chief methods to be employed are frictions and injections. We should still bestow attention upon internal medication, since its application is useful in different spheres of life; but he advises small doses, given once or twice a day: Calomel, $\frac{1}{6}$ to $\frac{1}{2}$ gr.; sublimate, $\frac{1}{64}$ to $\frac{1}{32}$ gr.; proto-iodide, $\frac{1}{8}$ to $\frac{5}{8}$ gr.; deutioduret, $\frac{1}{64}$ to $\frac{1}{20}$ gr. Decoctions are valuable aids to treatment, especially in old skin- and bone- and gummatous conditions.

As an external application for children he recommends corrosive sublimate in ablutions and baths. As an external application, he thinks the gray ointment requires no special indorsement. It is well known. Hypodermic injections are made chiefly with sublimate and calomel.

In children, pregnant women, or very sensitive patients, injections are contra-indicated, as well as in those suffering from convulsions, especially epilepsy. In the early stages, in the light of evidences of later stages, in pareses or paralyses, injections should be used before we think of frictions.

Calomel is more seldom used than the sublimate, because injections of the first more often produce abscesses. Sigmund has used small quantities daily ($2\frac{1}{2}$ to $3\frac{1}{3}$ grs.), and has rarely seen abscesses, and the results have been equal to if not much better than with sublimate.—*Wiener Med. Wochens.; St. Louis Clinical Record.*

A New Febrifuge.—Dr. de Vey recommends the borate of chinoidin as a new and inexpensive febrifuge. He believes that it possesses in addition the antiseptic properties of boracic acid. Three grams of the salt are an equivalent dose to two of sulphate of quinine. The cost is about one twelfth that of quinine.—*Lond. Pract.*

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"*NEC TENUI PENNA.*"

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No. 2.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

RESPONSIBILITY OF A DRUGGIST.

The Medical Record notes a curious suit for damages recently brought by a lady of New York against a druggist of that city for the recovery of ten thousand dollars damages. The lady came to his store with a physician's prescription for sixty drops of laudanum, which were to be taken in one dose. The druggist refused to give more than ten drops, and the lady after reaching her home suffered a miscarriage, to prevent which, it appears, the large dose had been prescribed.

The suit was recently tried, the defense being that the ten drops of laudanum given by the apothecary to the patient "could not have affected her further than to temporarily lessen her pain, and that a druggist is not bound to personally administer dangerous drugs on the order of a physician, his duty being simply to prepare medicines under the direction of physicians."

The judge sustained this view of the case, saying that such a tradesman would incur liability to indictment for manslaughter for having knowingly administered a drug or medicine which produced death.

There were a number of physicians present at the trial, who expressed the opinion that the miscarriage would have occurred even if the sixty drops of laudanum had been administered, and the jury gave a verdict for the druggist.

The above ruling may be in accordance

VOL. XIV.—No. 2

with the requirements of justice as understood in New York, but it would be hard to find in this part of the world either physicians or druggists who would not say that the woman and her physician had been wronged by the conduct of the apothecary. It is not stated in the account of the trial whether or not the doctor placed upon the prescription any sign which would inform the druggist that he was aware of the unusual size of the dose, and was prescribing it for a special purpose; but in the absence of such distinctive mark there is no reason why a druggist, with a nice sense of the relationship existing between pharmacists and physicians, should not have given the lady the maximum dose of laudanum (twenty-five drops) as laid down in most posological tables (though not a few of them recommend thirty minims, equivalent to sixty drops), detaining her, if practicable, till he could communicate with the physician and learn his will in the case, which in these days of telephones need not have consumed much time.

The statement in the defense that the ten drops could not do other than lessen the patient's pain, will not bear handling in the light of the therapeutic action of opium; since it is well known that a small dose of opium is a capillary stimulant, and would be calculated to hasten rather than retard the miscarriage.

It appears from another account of the case, which we have seen since writing the above, that this point was made by the prosecution, and that to settle the question ten drops of laudanum were obtained from a

neighboring drug-store and administered to the defendant, who was immediately placed upon the witness-stand. "The prosecution was then invited to cross-examine him. No effects of the laudanum appeared."

This was doubtless very convincing to the judge, jury, and lawyers for the prosecution; but the physicians present must have smiled at the suggestion of such an experiment, since there could be no parallel between the effect of ten drops of laudanum on a vigorous man and the action of a similar dose on a pregnant woman, whose nervous tension at the time of taking the drug was such that she trembled upon the verge of a miscarriage. The twenty-five drops of laudanum could have done no harm, might have done much good, and the druggist in giving less than this amount certainly did less than his relation to the case demanded.

The second clause in the defense, "that a druggist is not bound to personally administer dangerous drugs, his duty being simply to prepare medicines under the direction of physicians," would seem to be quite incompetent here. To prepare medicines under the direction of physicians means, and can mean nothing more nor less than, the filling of physicians' prescriptions. The lady came with a prescription duly signed by her physician, and under the definition of an apothecary's function in the case as found above, it was the duty of the druggist to prepare the medicine and deliver it to his customer. Whether the drug was to be swallowed while in the shop, on the way home, or at home, could not by any fair ruling affect the function of the apothecary in this case. If the drug prescribed had been croton oil, chloroform, or any medicine of immediate powerful action, the druggist might have been expected to exercise a wise discrimination upon the point in question; but even here the symptoms might have been sufficiently urgent to leave his refusal to prepare the medicine without excuse.

Again, the opinion of the physicians in the trial, unless based upon facts and symp-

toms which do not appear in the note from which we obtain our information, was a gratuitous assumption. Certainly they are not ignorant of the power of opium to prevent a miscarriage under certain conditions, but without the full history of the case before us it would not be graceful to censure them. Yet we think that all must agree that the druggist, by giving the ten drops of laudanum to the lady, urged on, through an over-extreme caution, the event which the physician's prescription was intended to forestall.

That his action in the case was within the limits of the letter of the law, will be conceded; but we think that his conduct, when viewed in the spirit of the law, will be found too far within the limits of the letter to constitute his full duty in the case.

JUBILEE OF THE BRITISH MEDICAL ASSOCIATION.—In view of the near approach of the jubilee of this Association, the British Medical Journal, in its issue of June 10th, devotes a greater part of its space to a historical review of the work of the society during the last fifty years.

The British Medical Association was organized on July 19, 1832, by a party of some fifty medical men, who met, in the board-room of the Worcester Infirmary, upon the invitation of Dr. Charles Hastings. After listening to a stirring address by its founder, the organization was fixed on a basis which gave promise of successful perpetuity. Dr. Edward Johnstone was the first president, Dr. Hastings and Mr. J. P. Sheppard were appointed secretaries, and the duty of editing the transactions was intrusted to them.

After fifty years of successive triumphs in the carrying out of the work of the society, whose labors have been directed not only to the progress of medical science, but whose influence has been felt in every project of medical reform and in every legislative act that could in any way affect the status of the profession or the cause of public health, with a membership of over nine thousand and a surplus of £10,000 in its treasury, it

will be with no little pride and satisfaction that the members convene in the place of its first meeting to celebrate its jubilee.

The celebration will begin on Wednesday, July 19th, and last four days. The programme provides for memorials of Sir Chas. Hastings, a eulogy on his life and character, and a presentation of his bust to the citizens of Worcester by the president of the Association. Besides these items, there will be numerous entertainments given the members by distinguished citizens, a performance of the oratorio of the Creation at the cathedral, and excursions to Malvern Hill, Wye, Tintern Abbey, Warwick Castle, Stratford-on-Avon, and Kenilworth.

The British Medical Journal, the mouth-piece of the Association, and probably its greatest element of power, was established in 1841, under the editorial management of Mr. Jonathan Hutchinson. Its present able editor, Mr. Ernest Hart, to whom the journal owes its comprehensive scope and world-wide influence, was called to its editorial chair in 1866.

MISCELLANY.

ANOTHER MALPRACTICE SUIT.—In the Chicago Med. Journal and Exam. for June, Dr. M. P. Hatfield devotes an article to the discussion of the case of Mrs. Emeline A. Bemis v. Dr. P. S. Hays, which it calls a forcible illustration of the present legal status of the profession in Illinois. The legal status of the profession in Kentucky is identical with that of Illinois, but fortunately malpractice suits are not yet popularized in this section.

It seems that the woman (a charity patient) consulted Dr. Hays on July 15th, 1879, and detailed a number of subjective symptoms which naturally enough led the doctor to suspect uterine disease. Among these was cessation of the menses; but it would seem that the woman had excluded the question of pregnancy by telling the doctor that though her husband was living, she had been barred of the marital relation by detention for some months in an insane asylum.

Digital and speculum examinations were made, involution, anteversion, and cervical

laceration were found, and the woman was submitted to a course of treatment which lasted for about one month. There were ten treatments in all, the last (August 16th) consisting in an attempt to replace the womb by means of a rubber electrode used as a repositior. On the next day the woman rode ten miles in a hack, and on the 19th suffered a miscarriage.

Dr. Hays was summoned on the 20th, removed a retained placenta, and then declined to have any thing more to do with the case, because the patient had deceived him as to the likelihood of her pregnancy at the time she came to him for treatment. After two years of unsuccessful endeavor she at last found a lawyer to undertake her case.

In the suit the plaintiff prayed for ten thousand dollars damages, the counts being, in substance: 1. Damage from a miscarriage brought about by Dr. H.'s treatment. 2. Such treatment was the result of inexcusable ignorance on the part of the doctor, and should have been contra-indicated by the appearance of the patient, she being four months advanced in pregnancy, even if she had not called attention to cessation of menses. 3. Further injury by unskillful treatment at time of miscarriage, especially by the doctor's refusal to attend her when she was in great peril from his malpractice.

Defendant answered the first charge thus: No proof that the miscarriage was produced by treatment rather than by long ride taken on subsequent day. The second was answered in accordance with the details of the case as given above; the last being met by the statement that injury, if any, was done by plaintiff's failing to call another physician until the 25th.

A number of experts testified in court that Dr. Hays had given the woman such treatment as any competent physician would have employed with the history of the case given and the symptoms present at the time she came under his care, it being almost if not quite impossible to certainly diagnose pregnancy before quickening; that the subjective symptoms in Mrs. B.'s case were referable to other causes; and finally, that by Dr. Hays's leaving her no serious injury was inflicted upon the plaintiff.

The judge in his charge to the jury did the woman full justice, and said in reference to the physician's position that the present injury did not concern his general ability, but only the skill used at the times in question; but that if the treatment adopted was

the result of untruthful statements made by the plaintiff, then she must be holden responsible for the results of such treatment.

The article closes with the following timely comments:

With such instructions, a jury of medical men would have found a verdict for Dr. Hays without leaving their seats; as it was, the jury disagreed. And why? Chiefly because, with the best of expert testimony, such a jury could not have the requisite knowledge for the just adjudication of such a case. A physician would hardly be willing to submit such a case to a jury of medical students; how much less to a jury who know absolutely nothing of medicine. A jury was originally made up of those who knew most about the case in question, but, according to the present system, one ignorant or bigoted juror can inflict a life-long injury upon the most upright practitioner. Cases like these are worse than "eating porridge with the devil" for the young physician, for he has every thing to lose and nothing but a heavy lawyer's bill to gain, with even the most favorable result. Take the present case, for instance. Mrs. Bemis's lawyers probably are poorer than if she had gained her case, but she is no whit the worse off than when she began. Dr. Hays's account stands about as follows: *Credits*—the satisfaction of having done a kindly deed to a supposed friendless charity patient; *debts*—two years' persecution and annoyance, loss of time and professional reputation, and several hundred dollars legal expenses; for all of which the law at present gives him absolutely no recompense. Any malicious or designing patient, who can entrap a charitable physician into giving her his services may, on the flimsiest pretext, as in this case, bring an action in tort, or actually imprison the physician until the damages are paid in full.

And can there nothing be done to remedy this? Much, if there were concerted action on the part of the profession; but, as ever, everybody's business is nobody's, and the sufferer must look to his personal friends for assistance. Mrs. Bemis could not have brought suit for damages against the poorest saloon-keeper in Chicago, without finding that she had the whole liquor interest of the Northwest to contend against. It is the boast of Great Britain that the weakest one who bears the name of an English subject is protected by the whole strength of England, and so it ought to be with our profession. Who will tell us how it can best be done?

THE FIRST MAN AS DISSECTED BY OLIVER WENDELL HOLMES.—Already in the first man who trod the soil of our planet the great mechanical and chemical discoveries of uncounted coming ages were anticipated. His tissues were woven in a loom no eastern fingers, no western machinery, could rival. Where strength was needed, a power of resistance like that of iron was given to strands of fibers finer than the spider's thread, seen only as it glistens in the sunbeam. Where elasticity was wanted, a substance like caoutchouc exuded and solidified. The pillars which support his frame would crumble under it were they not many times stronger in

substance than the columns which support his temples. The leverage of his limbs is adjusted to his needs with an audacity which no engineer would venture. The hydraulics of the circulation are but clumsily imitated in our aqueducts and their distribution; and what are all the flood-gates of human contrivance compared to those delicate translucent valves which we were so recently studying, which stand guard at the mouth of the great artery, and arrest the solid column of blood coming back upon them like the blow of a hammer day and night, seventy times a minute, for seventy years, and so many more as life may spare us? Man is more than a machine, but as a machine he is an ever-present miracle. His heart is a time-keeper which counts the seconds for a century with one winding up. The heating apparatus of our dwellings in the surfaces of its radiators and the pots of its furnaces only repeats the *valvulæ conniventes* and the villi of our own mucous membranes. No telephone conveys a message so faithfully as the membrane of the tympanum transmits it to the listeners in the recesses of the labyrinth. No steam-engine can work with so little fuel as the human organism; no dye-house can reproduce the glow of a youthful cheek; no laboratory can manufacture a grain of albumen; no musical instrument can reach the human heart like a woman's voice; no lens can adapt itself to light like the human eye. . . . The perfection of the microscope was developed by imitating as it best might those achromatic arrangements, the darkening pigment, the diaphragm, the adjustments for distance, which were all complete in the first man who opened his eyelids on creation.—*From an Address before the Medical Department of Harvard University, Boston Med. and Surg. Journal.*

UNIVERSITY OF LOUISVILLE, MED. DEPARTMENT.—At a recent meeting of the Board of Trustees of the University, upon the recommendation of the Faculty of the Medical Department, the following division of work was made and corresponding titles of the professorial chairs arranged: Prof. T. S. Bell was transferred to a chair entitled State Medicine and Sanitary Science; Prof. L. P. Vandell was transferred to the chair of Principles and Practice of Medicine and Clinical Medicine; Prof. Jas. W. Holland was transferred to a chair entitled Pathology, Clinical Medicine, and Diseases of the Nervous System; and J. A. Ochterlony, M.D., was called to the chair of *Materia Medica, Therapeu-*

tics, and Clinical Medicine. The experience of the Faculty during the last three sessions warrants the belief that medical chemistry can be most satisfactorily taught by manipulations in the laboratory under the supervision of a demonstrator.

ATTEMPT TO BLACKMAIL A PHYSICIAN.—The New York Med. Record says that a stranger representing himself as a Philadelphia detective recently waited upon Dr. Ballou at his home in Lansingburg, N. Y., and claimed that he had positive information that the doctor had removed the body of a young lady (whose name he gave) from the cemetery of Lansingburg, for dissection. The "detective" generously offered to have the matter hushed up if the doctor would pay five hundred dollars for the job. The doctor asked the man to wait until he sent for the money, but the "detective" departed, evidently fearing that the doctor intended to have him arrested.

THE LEIDY CHAIR OF ANATOMY.—According to the Philadelphia Medical News, there is a project on foot to endow the chair of Anatomy held by Prof. Joseph Leidy in the University of Pennsylvania. It is proposed to raise one hundred thousand dollars, the interest of which shall be paid annually to Prof. Leidy during his lifetime, and that after his death the said income shall be applied in perpetuity to the maintenance of the Joseph Leidy chair of Anatomy in the University of Pennsylvania.

Prof. Leidy has filled the chair of Anatomy in this institution for thirty-one years. He ranks among the first of anatomists, and his contributions to natural history have been such as to place his name beside those of Cuvier, Huxley, Owen, and Agassiz. The proposed honor is well merited, and the project deserves to succeed.

ALUMNI ASSOCIATION, UNIVERSITY OF LOUISVILLE, MEDICAL DEPARTMENT.—The members of this Association will be glad to learn that Dr. Nathan Bozeman, of New York city (class of 1848), will deliver the address at the next regular alumni meeting, which will be held some time in February, 1883, at Louisville.

THE CASTOR-OIL PLANT AS A FLY-KILLER. The beans of the castor-oil plant possess strong insecticide properties. It is claimed that a plant placed in a room will cause flies to disappear as if by magic. J. B. M.

Original.

PARALYSIS OF THE ABDUCTORS OF THE VOCAL CORDS—PARALYSIS OF THE LEFT ADDUCTOR, WITH INTRA-LARYNGEAL GROWTH.

BY W. CHEATHAM, M.D.,

Lecturer on Diseases of Eye, Ear, and Throat, in University of Louisville, etc.

J. M., aged sixty years, a German, three and a half months ago, while at his work, was taken with a sudden pain in the larynx. The pain was so severe as to put him to bed. In a short time there was a partial loss of voice, with great difficulty in inspiration. At night especially the stridor was unusually severe. There were also painful coughing spells, each of which lasted for four or five hours, or till the patient was exhausted.

About six weeks after the attack I examined him with the laryngoscope, and found the vocal cords almost touching each other. This was especially marked during inspiration. During expiration the cords were considerably separated. Inspiration was very difficult, accompanied with great stridor. The diagnosis was easy, since the symptoms plainly indicated a paralysis of both the posterior crico-arytenoid muscles. Such a condition of things appears remarkable when we remember that the abductors and adductors are both supplied by the same nerves—the recurrent laryngeals.

Without the laryngoscope this might have been mistaken for either spasm of the glottis (spasm of the adductors) or a tumor, situated above the cords, falling valve-like into the rima glottidis at each inspiration. With the laryngoscope, however, it could be mistaken for nothing but spasm of the adductors. I think a differential diagnosis could be made in the latter instance: firstly, by noticing the unsteady condition of the cords, closing, then opening in their efforts to regain regular action; secondly, during sleep spasm would be relieved, whereas in paralysis of the abductors stridor would be increased by this condition.

It seems strange that the action by which this passage is opened with each inspiration should depend on two small muscles, each of which is supplied by a single nerve, with no collateral supply to insure muscular action in case of accident. It is further remarkable that the nerves in question (recurrent laryngeals) should be apparently unnecessarily lengthened, and by this lengthening be more

often exposed to accidents which might prove fatal but for operative procedures (tracheotomy, etc.). Here is an instance in which nature might be severely criticized. The posterior crico-arytenoidei are two of the most constantly-worked muscles in the body. They are never at rest normally for more than a few seconds at a time from birth to death.

The dangers of paralysis of the abductors arise from an incomplete change between the gases of the lungs and the external air, which is due to incomplete inspiration. This forces the blood back into the right side of the heart, and a long train of bad symptoms is the result.

On examining the patient today (January 30th) I find that nature is making an effort to relieve him. The left cord is in a cadaveric position, occasioned by paralysis of the adductor of that side. Should this continue, the rima glottidis will remain well open, allowing full inspiration. This paralysis may either be neurotic or myopathic. If neurotic, it is either central or peripheral.

The patient gives no history of any central lesion. The peripheral cause, if any exists, may be pressure upon the nerves by an aneurism or some morbid growth, by an enlarged thyroid, or by thickened tissues of the neck. In a majority of cases I believe the disease to be myopathic. The muscular atrophy seen post mortem in these cases may be a secondary change following the paralysis, since it is found in the majority of such cases after death.

At my first examination of Mr. M. a small tubercle could be seen on the posterior wall of the larynx, just above the cords. At this time the growth is nearly as large as an almond kernel. It has a broad base, and appears to be epithelial in character.

The only treatment for paralysis of the abductors, when the symptoms are urgent, is tracheotomy. When inspiration is not very difficult, with none of its bad effects, time can be spared for attempted removal of the cause, if known, with correction of the neuroses, if it be of that type, by means of galvanism, faradization, and strychnia, with other appropriate internal remedies.

I believe this case to be one of neurotic origin, mainly because of the suddenness of the attack. As yet, no cause has been found, neither central nor peripheral, unless the intra-laryngeal growth be considered as the cause. The gentleman is much more comfortable since the paralysis of the left adductor, and can do light work without

inconvenience. The nature of the growth spoken of may be decided positively as soon as I can remove a small piece for microscopic examination. Where no relief can be had from treatment, tracheotomy should be resorted to.

For the relief of paralysis of the abductors, it has seemed to me that it might be good surgery to perform neurotomy in extreme cases, thus paralyzing the adductors, or even to destroy partially the vocal cords, and thus relieve patients of the great inconvenience of wearing the tracheotomy tube for the rest of their days.

LOUISVILLE.

THERAPEUTIC ACTION OF CHLORATE OF POTASSIUM.

BY JNO. V. SHOEMAKER, A.M., M.D.*

This powerful, energetic, and active drug was discovered about the end of the last century (1786), by Berthollet, and was used for the first time by Fourcroy in 1796, with the idea that it might transmit some of its oxygen to the body. At its introduction this salt was principally recommended as an antidote to scurvy. Chaussier proposed it as a remedy in croup. It had completely fallen into oblivion, when Dr. Blache, repeating the experiments made in 1847 by Hunt and West with this medicine in the treatment of gangrene of the mouth and pseudo-membranous stomatitis, was led to try it in the treatment of pseudo-membranous sore throat and croup. The doctor added that he had met with marked and decided success from its internal use in scrofulous skin-diseases. Likewise Dr. M. Landesberg, of Philadelphia, had reported very gratifying results from its topical application in epithelioma of the eyelids.

Dr. Shoemaker then passed to a consideration of its properties and tests, after which he spoke of its physiological action, and remarked that the use of this salt is said by some to be largely due to the great amount of oxygen which it contains, and therefore it is looked upon as the most potent agent in the treatment and cure of all maladies dependent upon suboxidation or defective nutrition, secretion, excretion, aeration, and molecular metamorphosis.

Dr. Shoemaker then considered the therapeutics of the chlorate, showing its decided effect upon the system, and that it acts in

* Abstract of a paper read before the Section on Practice of Medicine, American Medical Association, St. Paul.

some hitherto unexplained manner in abnormal conditions of the blood, changing its character and overcoming morbid states. In speaking of its external application, he said, "The utility of this salt as a gargle in the treatment and cure of mercurial salivation and ulcers of the mouth and throat is universally attested. In the proportion of a dram to a glassful of water it is of service as a gargle in the various varieties of stomatitis, often quickly relieving the dry, red, and follicular congestion of the mucous membrane and healing the ulceration when it exists. As a local application and gargle in inflammation and ulceration of the tongue patiently and long continued, more particularly in the latter, it seems to do more good alone and at times in combination with astringents than any other remedy. Used either as a gargle or applied locally with a brush or by atomization in simple catarrh of the anterior and posterior nares, and in simple and chronic catarrh of the larynx it has had in many cases positive and curative action.

He has used a solution of chlorate of potassium, one or two drams to half a pint of water as a gargle in diphtheria and phthisis. In subacute and chronic stages of otorrhea an injection of chlorate of potassium in the strength of five to ten grains to the ounce of water is often effective. In ozena a douche of a solution of the chlorate of potassium in the proportion of one dram of the salt to a pint of water will cleanse and thoroughly disinfect the parts.

As an injection also in leucorrhea, in the strength of one or two drams to a quart of water it will often prove very useful by lessening the discharge and relieving all congestion of the parts should any exist. In gonorrhea used as an injection two or three times a day in the proportion of five or ten grains to an ounce of water, it will very often produce an alterative impression upon the parts and completely arrest the discharge. As an injection in chronic dysentery, in moderately strong solutions (dr. to oz.), its use has been recommended.

The chlorate of potassium will bring about a beneficial effect in chancroid applied either as a solution or dusted over the parts. Also in obstinate and chronic ulcerations, gangrenous sores and ulcers, discharging fetid secretion, either alone or dissolved in water. In pustular eczema the use of a solution containing one or two drams to the pint of water, applied with old muslin will very frequently lessen the discharge and heal the surface.

He then referred to its internal use, and said that the chlorate of potassium as a remedy in croup and diphtheria has been used with great advantage by many eminent and experienced practitioners, from the time that it was first successfully applied by Chaussier in 1819, followed by Hunt, Isambert, Blache, and Drysdale and others up to the present day. It should in both these maladies be given in decided doses, in from five to thirty grains three or four times a day.

He has secured marked benefits in phthisis. In marasmus, particularly in children, the use of small doses of this salt has a very satisfactory and beneficial influence. He has administered from one to three grains three or four times a day to weak and puny infants, who would regain their nutrition and fatten on its use in conjunction with good food. In analdia it acts upon the relaxed mucous membrane of the digestive tract, and so restores its functions.

In the eruptive fevers, such as scarlatina, rubeola, rötheln, and erysipelas, full and oft-repeated doses will very often fill the surface with arterial blood and bring out an abundant crop of the eruption. In erysipelas it may arrest the poisoned state of the blood and diminish the tendency to suppuration in the parts affected. It has also been said by some observers to be of service in typhus and typhoid fevers.

For diseases of the skin, the chlorate of potassium, given in various doses according to the ability with which the patient bears the drug, is of the greatest value either in modifying or curing very many cutaneous affections. It is especially efficacious in ecthyma and in boils, carbuncles, styas, pustular acne, pustular eczema, and sycosis. It lessens the tendency to suppuration in many of these diseases; and should this latter condition be established before giving the salt, it will be largely instrumental in overcoming the abnormal state of the system.

Its effective action in carbuncles was reported by Dr. Boardman Reed, of Atlantic City, at a meeting of the Philadelphia County Medical Society, September 22, 1880. Dr. Reed stated that the salt had been used upon Dr. Shoemaker's recommendation, who was in consultation with him. "The patient, a young girl, had two carbuncles, one on the back of her neck and the other in front of the ear. They afterward extended until the affected area was about five inches in extent. The patient was very weak. She became feverish, the pulse was rapid and feeble, and

very little hope of her recovery was entertained until the chlorate of potassium was used in decided doses. Under good food, with iron, she rallied and became quite well.

Dr. Shoemaker read his first observation upon the action of this drug in 1880, before the section of Practice of Medicine in New York city, and since that time he has not only had continued good effects from this salt, but has also had from many physicians letters and short accounts of cases commending the action of the drug and corroborating the results he had reached. The doctor further showed the good effect produced from its use in scurvy, influenza, yellow fever, rheumatism, dropsy, hemorrhagic diathesis, cyanosis, syphilis, etc., and then gave the manner of its administration. He said, "If the salt is given in small doses, it will pass quickly and more readily into the circulation taken before meals, diluted with water. If, upon the other hand, very large doses are administered, it will probably be better borne by the stomach after meals. The dose will vary according to the affection and the condition of the patient. He usually gives it in from one-half to thirty-grain doses every one, two, or three hours, freely diluted with water. In such doses it is well borne by the stomach even in those who are very weak and enfeebled. He generally begins with a small dose, and gradually increases it until the patient shows sign of its effect or he sees some improvement in the disease. Those who are large, flabby, and apparently vigorous will improve under smaller doses, as large amounts will sometimes serve to still more increase the fat of the body. Upon the other hand, the pale, weak, and enfeebled will bear much larger doses, and will often increase very rapidly in weight.

PHILADELPHIA.

Correspondence.

VALUE OF VACCINATION.

Editors Louisville Medical News:

Dr. A. Buchanan (Med. Press and Circular) says, "I have within the last forty-five years successfully vaccinated six thousand patients, and of these not one has died of smallpox." "Hundreds of other physicians all over the civilized world can testify to a record equally convincing as to the value of vaccination as a preventive of smallpox."*

* LOUISVILLE MEDICAL NEWS, May 20, 1882.

[These remarks were called forth by a controversy published in the Medical Press and Circular of February 8th between Dr. Buchanan and Mr. P. A. Taylor, M.P., on the subject of modified and natural smallpox. The editor of the Press and Circular closed the controversy with Dr. B.'s letter above quoted, saying that "the statistics being all on one side, it was a waste of valuable space to argue with an anti-vaccinator." Dr. Porter's communication is devoted chiefly to a discussion of the protective power of primary vaccination and the worth or worthlessness of revaccination, which, though a question of great importance, was not the essential point of the controversy.—EDS.]

If the editor agrees that once protected by vaccination always protected, he has the right to close the discussion; but if he believes, as many prominent writers do, that the protection given by cowpox is of but short duration, and entirely wears out in the course of time, the ending of the discussion is premature and unwise. A point so important as this ought not to be so lightly disposed of, but ought to be discussed persistently until both the public and professional mind are perfectly satisfied as to the truth of the matter.

Neither the Press and Circular nor the Medical News express an opinion as to the durability of this protection, but Dr. Buchanan leads me to infer that he believes the protection permanent, and that it does not diminish by lapse of time. He does not intimate that he revaccinated any or all of his six thousand patients. If he did not, his showing is a very conclusive argument in favor of the cowpox. I wish Dr. Buchanan had given such direction to his inquiries as might have aided in settling the vexed question of the durability of vaccine protection.

After experimenting with single and revaccination with intervening periods of greater or less duration, and marking the results accurately, I am forced to the conclusion that all the protection ever obtained is held on to during life, and is just as perfect after fifty as after one year or one day; that second attacks are as apt to occur at one period as another after vaccination. This law of our animal economy alone makes the great Jennerian discovery valuable to our race. If it were otherwise it would be worse than worthless. A protection that began to diminish from the day of its reception, as many contend, would not and ought not to be satisfactory to the public mind, and all

who believe this ought to be excused from the most persistent opposition to vaccination.

My impatience with the opponents of vaccination arises from the fact that they assume a hypothesis as true, and base an argument upon it, that a short series of experiments might prove to have no foundation in truth. It is within easy reach of any physician to demonstrate the fact that time does not diminish the protection which is given by vaccination.

I have practiced and advised revaccination, not because any part of the protection was ever lost, but from the demonstrable and demonstrated fact that vaccination gives all degrees of protection, from one to one hundred. In fifty per cent of cases the protection is complete, probably under all circumstances; the larger fraction of the other half, under favorable circumstances or when strong epidemic tendencies exist, may have varioloid of a more or less mild grade, and the other fraction in many cases so violent as to make it doubtful whether or not any protection had been given. Some eight or ten years since smallpox prevailed in many sections of the country, as in parts of Pennsylvania and California, in a manner to create doubts in the minds of many physicians as to whether or not vaccination could be relied on as a prophylactic, as thousands died of smallpox who had what seemed to be perfect vaccine marks.

L. C. PORTER, M.D.

BOWLING GREEN, KY.

Reviews.

Lectures upon Venereal Diseases. By W. F. GLENN, M.D., Professor of Anatomy and Venereal Diseases, Medical Department of University of Tennessee, etc. Nashville, Tenn.: Wheeler & Osborn. 1881.

This work consists of a course of lectures delivered at the Nashville Medical College. Dr. Glenn modestly disclaims the ambition of authorship, informing us in his preface that the lectures were published merely to gratify the wish of many of his students, who, it seems, petitioned to have them put in a form suitable for reference and study.

The symptoms of the diseases under discussion are in the main clearly made out, while the methods of treatment and general management are sound and for the most part up to the requirements of the day, though we fail to see any thing either new or striking in the work. In fact, the subject of

venereal diseases is by far too large to be exhaustively treated of in the space allotted to it by the author. We could wish also that he had taken more pains to make his work acceptable, since it presents enough of minor and superficial errors to prejudice the reader against it from the start. A careful revision of the text will be necessary to give the work its proper place in medical literature.

The Physician Himself, and what he should add to the Strictly Scientific. By D. W. CATHELL, M.D., etc. Baltimore: Cushings & Bailey. 1882.

It is the aim of the author of this book to give practical hints upon the methods of getting medical practice and keeping it by personal address. Given a good medical education, much more is required by the world for success in money-making. Some of these addenda are supplied by nature and some can be acquired by cultivation. Those who wonder at the remarkable rapidity with which some ordinary men get a strong hold upon public confidence will find a solution of the mystery in Dr. Cathell's book.

Books and Pamphlets.

REMARKS ON HOLTZ'S OPERATION FOR ECTROPION AND TRICHIASIS, WITH SEVEN CASES. By A. G. Hobbs, M.D., Professor of Diseases of Eye, Ear, and Throat in the Southern Medical College, Atlanta, Ga. Read before the Georgia State Medical Association.

STATIC ELECTRICITY AS A THERAPEUTIC AGENT. A paper read before the New York Academy of Medicine, by Jas. Knight, M.D., Surgeon-in-chief of the Hospital of the New York Society for the Relief of the Ruptured and Crippled, etc. New York: Wells, Sackett & Rankin, printers.

NINTH ANNUAL REPORT RELATING TO THE REGISTRY AND RETURN OF BIRTHS, MARRIAGES, AND DEATHS IN MICHIGAN FOR THE YEAR 1875. By the Superintendent of Vital Statistics, under the general direction of the Secretary of State of the State of Michigan. Lansing: W. S. George & Co. 1881.

THE AMERICAN JOURNAL OF STIMULANTS AND NARCOTICS: A Monthly Magazine devoted to a Scientific Study of Acute and Chronic Poisoning by Alcoholic and Narcotic Agents. H. H. Kane, M.D., editor, Vol. I, No. 1, June, 1882, New York: Pusey and Rooney.

A journal of thirty-two pages. The number before us contains two original articles, one on the Relation of Inebriety to Other Nervous Diseases, by George M. Beard, M.D., and the other on Habit, by William A. Hammond, M.D.; editorials on Suicide

from Alcohol and the Lamson Case, with numerous selections and miscellaneous notes and items on allied subjects, which seem to prove that the editor intends to give his journal a distinctive character. The toxicologist and neurologist will find it much to his taste.

FISSIPAROUS.—Our enterprising contemporary, the Oil and Drug News, has increased to such unwieldy proportions during the year that the managers have found it necessary to divide the journal into two parts. One of these will be called the Oil and Paint Review, and will be brought out on every Tuesday morning; the other, the Weekly Drug News, will be issued every Friday. We congratulate the management upon a success in their venture which warrants a plan of procedure diametrically opposite to that pursued by the majority of journals.

Formulary.

THE PHOSPHATES IN PHTHISIS.

Dr. Dujardin-Beaumetz recommends the following elegant prescription in phthisis, not as a specific, but for the improvement of general nutrition:

℞ Sodii phosphat..... ʒjss; 6.00 Gm.;
Potassii phosphat..... ʒj; 4.00 Gm.;
Syr. aurantii cort..... ʒij; 8.00 Gm.;
Vini (claret)..... fl.ʒ vij; 240.00 fl.Gm.

M. A wineglassful may be taken after each meal. This preparation is particularly useful where there is constipation and quinine is not well borne.

TREATMENT OF PERTUSSIS.

Dujardin-Beaumetz, in his recently-published *Leçons de Clinique Thérapeutique*, recommends the bromides with chloral in the treatment of whooping-cough. He gives morning and evening, in a glass of milk containing the yolk of one egg, a dessert- or table-spoonful (according to the age of the child) of the following mixture:

℞ Potass. bromid..... ʒss; 2.00 Gm.;
Sodii bromid..... ʒj; 4.00 Gm.;
Ammonii bromid..... ʒss; 2.00 Gm.;
Syr. chloral (Fr. cod.)... fl.ʒjss; 45.00 fl.Gm.;
Aquæ..... fl.ʒij; 60.00 fl.Gm.

—*Med. and Surg. Reporter.*

TREATMENT OF ECZEMA OF THE GENITALIA, PRURITUS, AND LEUCORRHEA.

In cases of eczema in which glyceroles and unguents have failed the following formula has been successful:

Chlorate of potassium..... ʒj; 30.00 Gm.;
Wine of opium..... ʒxijss; 50.00 fl.Gm.;
Pure water..... I quart; 1.00 liter.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip-baths and cataplasms sprinkled with powdered carbonate of lime.

In obstinate pruritus, associated with leucorrhœa,

a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium in a quart of warm tar-water (tar-water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful:

Chlorate of potassium.. ʒij; 12.00 Gm.
Wine of opium..... fl.ʒijss; 10.00 fl.Gm.;
Tar-water..... fl.ʒx; 300.00 fl.Gm.;

or,

White vinegar, or wine, fl.ʒx; 300.00 fl.Gm.;
Tinct. eucalyptus..... fl.ʒxss; 46.00 fl.Gm.;
Salicylic acid..... gr.xv; 1.00 fl.Gm.;
Salicylate of soda..... ʒv; 20.00 Gm.

One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.—*Review of Gynecology.*

NUX VOMICA AND CARBON IN TYMPANITES.

For the tympanites of typhoid fever Peynaud recommends the following:

℞ Sem. strychn. nuc. vom. pulv.. gr.ivss; 0.30 Gm.;
Anisi gr.ij½; 0.15 Gm.

Mix and divide into two parts. One of these powders may be taken in a teaspoonful of powdered carbon (carbo animalis) twice in the course of the day.—*Translated for the News from Medizinical Zeitung, May, 1882.*

Selections.

Malaria.—The existence of malaria as a material particulate thing has not yet been demonstrated, and it is still asked if such a thing exists. Dr. Macnamara says, in his work on Himalayan India, "What is meant by the term malaria? Does it simply express the result of certain climatic influences, or does it imply the existence of something more material as a poison?" Is that which we call malaria the sum of the operations of the various conditions of climate and place by which we are surrounded? It may be so. There are circumstances connected with its action which are difficult to reconcile with a parasitic origin, and for the present our attitude with respect to that, much as we may wish that it should prove all true, must be one of reserve; but who that has followed the progress of pathological investigation during the last quarter of a century would venture to assert its impossibility or its improbability, or that in such researches as those of Pasteur, B. Sanderson, Lister, Greenfield, Koch, Klebs, T. Crudelli, and others we may not find a complete solution of the problem?

Briefly to summarize the facts about this so-called malaria and the methods by which it acts—whatever it may be, it seems to be greatly influenced by local and climatic conditions, its activity increasing generally with proximity to the equator. Absent from the arctic, feeble in the temperate, it becomes most concentrated in tropical regions, though there are parts of Asia in North India, as well as of Europe, where it is most active. Though prevalent in low-lying, marshy, or water-logged ground, or on soil drying up after rain—as in the Himalayan Terai, or Sunder-

bunds of Bengal, in Assam—or on land that is rendered damp by damming of water-courses and interrupted drainage or saturated subsoil from irrigation—as has been remarkably illustrated in the last few years in the division of Burdwan, which has suffered severely from a low form of malarial fever—it is also found on dry, sandy, or rocky ground where there is little or no moisture or vegetation of any kind. Of this there are many examples in Europe and in India. But still, water seems to be the prime causal agent, if not on the surface, in the subsoil, especially when *stagnant* and near the surface. Water seems not only to determine the generation of malaria, but to hold it in solution! The natives of India attach little importance to atmospheric states, but firmly believe that the water of pools and tanks, or even that of streams flowing through certain jungles or marshy places, is charged with the fever poison; and many believe that the milk of buffaloes or cows fed in these places has the same property, as I have myself heard natives in the Terai assert.

Malaria is more active near the surface of the ground, and in valleys, hollows, deep dry ditches or moats, low alluvial soils, old tanks filled with refuse, silted-up beds of rivers, dams across streams, obstructed water-courses. Decreasing in energy with height, it ceases to exist above certain altitudes, variously given at from fifteen hundred to five thousand feet. How high it permeates the air above the sea-level surface is not known, but it is certain that the top of a hill, even the upper room of a house, is less dangerous than the ground-floor. It occurs in some of the hill-stations of India, but as there is constant communication with the plains and valleys, this may be the result of importation. It moves like mist, and rolls up the hill-sides, nay, overtops those of a certain height, may be dissipated by or travels with the wind, probably some miles, but no one can define any particular limit, though to a greater distance over land than over water, especially salt water, which is supposed to have the power of absorbing and retarding it. Crews of ships lying at a considerable distance to leeward of a malarious shore have been affected by the off-shore wind, and it is said that ships have generated it from certain cargoes of green wood, coals, or other vegetable matter; that they have evolved miasmata from rotting timber or bilge, which have developed fever of great severity. Steeping of hemp, jute, and indigo, or other vegetable matter, has had similar effects. Villages and camps have been affected when to leeward of swamps, even at a considerable distance. It is said that burning fires, smoke, or a belt of trees will arrest its progress; that it clings about trees; hence the danger of sleeping under certain trees; that the growth of trees will destroy or prevent it, and that some—such as the eucalyptus, for example—have a special antagonistic power; but there is probably nothing more in this than the rapid growth of these trees, which makes them quickly into plantations. A screen of gauze or mulsin is said to be protective, and that a mosquito curtain will keep out malaria as well as insects! It is not generated where the diurnal range is below 60° F. A very high temperature does not always cause, it may even appear to prevent it, though the other necessary elements appear to be present.

Malaria is more active at night than in the day—more likely to affect those who are exposed to it at that time, especially during sleep, and more especially if on or near the ground. It affects the weak sooner than the strong; those of a phlegmatic, lym-

phatic, or melancholic, rather than the sanguine or nervous temperament; the sickly and ill-fed before the robust. It spares no age. New comers are more liable to suffer than those who have been acclimatized. It affects all races. The natives of India suffer greatly, but it would appear that the negroes in some parts of the coast of Guinea acquire a toleration, which has been referred, probably without sufficient reason, to the color of the skin. There are certain tribes in the Terai and other forest districts of India which acquire some immunity. The non-Aryan races, such as inhabit Assam, suffer, it is said, to a greater extent from malarial disease than the Aryans in the same province. The Tharoos(e) live where it would be death to others, but even they are not altogether exempt.—*Croonian Lectures by Sir Joseph Fayrer, K.C.S.I., M.D., in Med. Times and Gazette.*

Current Theories of the Formation of Fibrin. The production of fibrin has never been thoroughly understood, and the prevalent views respecting it are hardly likely to remain much longer generally accepted by physiologists. The three factors of its formation—viz. fibrinoplastin, fibrinogen, and a fibrin ferment—are presumed to have been isolated, but there are many facts which point to the belief that the explanation founded on their supposed existence must be materially modified ere it can be said the whole process has been completely described. Prof. Richard Norris, of Birmingham, is engaged on a new work on *The Physiology and Pathology of the Blood*, the appearance of which is shortly expected, and its author will give an account of certain newly-discovered corpuscles that he regards as the fibrin producers. It must not be forgotten, however, that so long ago as 1875 A. Schmidt announced that he had reasons for considering the blood contained a form of cell “intermediate” between the white and red corpuscles, and which was essential to the formation of fibrin.—*Med. Press and Circular.*

The Effect of Potassium Bicarbonate on the Urine.—The effect of bicarbonate of potash in rendering the urine acid is well known to surgeons in treating cases of catarrhal cystitis with rapid decomposition of the urine. Surgeons have looked upon this acid change in urine not as the direct chemical effect of the bicarbonate, but as the return to normal condition with relief to the bladder symptoms. Dr. Ralfe, in a little book recently published, entitled “*Morbid Urines*,” has given a report of a series of experiments with bicarbonate of potash, noticing the urine the day before administration, the day of administration, and the day after. He found that on the day of administration the urine was rendered less acid, and on the day after became doubly more acid than on the day previous to administration. A second series of observations were made to test the effect of bicarbonate of potash when taken after meals—one dram after midday meal and one dram after supper. It was found that on the day of administration the urine was neutral, and on the day after administration it contained only one half the quantity of acid that it contained on the day before administration. The effect therefore of pot. bicarb. is different according to whether or not it is administered during the process of digestion, when taken on an empty stomach increasing the acidity on the following day, and when taken after meals decreasing the acidity of the urine on the following day.—*Ibid.*

The Healing of Lung-cavities.—Wm. Ewart, M.D., F.R.C.P., Gulstonian Lectures (Medical Times and Gazette), says:

All situations do not afford like facilities for processes of healing. The opportunities offered by the *inner subclavicular* region are exceptionally good. The sternal lobe, when free from adhesions, as is usually the case in early phthisis, is capable of exercising by its hypertrophy effectual pressure upon the smaller cavities; and the shortness of the bronchi supplied to the affected region is another favorable circumstance.

Healing is more uncommon in cavities situated at the outer aspect of the apex; there exists in this region a greater tendency to extension to the supra-scapular region, and to secondary disease in the upper axilla; and moreover the deposition of a mass of secondary tubercle, so commonly observed in this situation, generally leads to inveterate disease.

Cavities situated in the *sternal* region do not usually occur from other causes than hemorrhage, or as a late result of advanced phthisis. In the latter case they are unlikely to heal; in the former the possibility of a favorable termination is not excluded, although too often the cases in which blood is inhaled into this district present extensive disease elsewhere. The upper sternal region is probably more favorable for healing than the lower, which receives its bronchial and vascular supply from a greater distance.

In the *axillary* region secondary excavation is for obvious reasons ill suited for recovery.

Primary cavities in the axilla are placed under very different circumstances. They are surrounded by spongy material capable of vigorous reparative action. I have frequently noticed in the mid-dorsal or axillary region small spherical scars, obviously the remains of small cavities at the mid-dorsal region of the lung, and I have in my possession a specimen in which cicatrization of a larger cavity, although uncompleted, had proceeded to a considerable extent.

Basic cavities are so uncommon that the healing of vomicae in this situation must be of very rare occurrence. The basic excavations which belong to the last stages of the disease are clearly unfitted for recovery, and to them I will not further allude. Probably many of the instances of healing basic vomicae hitherto alleged were really cases of mid-dorsal disease, in which the cavernous sounds were conveyed to the base by some transient consolidation. Echo may have a share in the production of cavernous sounds at the base.

Again, in the large class of bronchiectasis to which so many basic cavities belong, the cavernous sounds are apt to disappear periodically, owing to the filling of the bronchial sacs, and an impression may be produced that a phthisical cavity has become obliterated.

But when due allowance has been made for these possible fallacies, it must be admitted that primary cavities may originate at the base from various causes, and that they are not incapable of recovery. One great disadvantage they all possess in common: I refer to the difficulty of drainage. Adhesions to the diaphragm also constitute, where they exist, a most serious complication; but when we consider the quantity of spongy tissue by which they are surrounded, and the powerful cough-pressure that can be utilized for their voidance and for their contraction, we must conclude that they are, in these important particulars, singularly favored, and we are led to surmise that cavities at the base may occasionally run through their stages unobserved, and ultimately heal, more frequently than we suspect.

Intra-cranial Disease and Choked Disk.—Dr. Edward G. Loring contributes to the June number of the New York Med. Journal and Obstet. Review an article on the nervous connection between intra-cranial disease and choked disk, the conclusions of which are: 1. That the vasomotor theory, as advanced by Benedikt, is not sufficient to explain either the mode of transmission of the morbid irritation within the head, or the resulting neuritis optica. 2. That the irritation is conveyed, not by the isolated fibers of the sympathetic system, as stated by Benedikt, but through the agency of the trigeminus. 3. That choked disk or papillitis, in connection with brain-disease, is the expression of an irritation or compression of certain intra-cranial fibers of the fifth pair which preside over the blood supply of the disk and neighboring parts, and also maintain the healthy processes of waste and repair of the tissues themselves. This being so, he adds, the same analogies and distinctions between "irritation" and "inflammation" can be made here as with sympathetic ophthalmia, so that here, as well as there, the irritation may exist as such for an indefinite time, or may so reduce the vitality and resisting power of the tissue of the disk and surrounding parts as to develop gradually, or explode suddenly, into an actual inflammation—that is, into a neuritis. The immediate and exciting cause of this neuritis may then be either an external one, such as exposure to cold or heat, over-exertion, either mental or physical, or, indeed, too much exposure to light, the effects of which, under the weakened condition of the organ, may be looked upon as a "traumatism;" or the exciting cause may be an internal one, such as some irritation from the condition of the blood and circulating fluids, either chemical or mechanical, either local or general, which, insufficient in itself to produce any bad effect upon a normal disk, may yet be just sufficient to produce a condition of inflammation in a part that is weakened and irritable.

Vomiting of Urine.—Generali and Tovini report in the *Cronica Medico Chirurgical de la Ebana*, a case of a lady who had inflammation of the lung, following which she had an attack of peritonitis with serous effusion into the peritoneal cavity. The patient had a sudden decrease of urine, and at the same time vomited a fluid looking like urine; a chemical analysis was instituted and the fluid was found to contain urea, phosphates, chlorides, alkaline sulphates, magnesia phosphates, carbonic acid, and pigment. Microscopically, epithelial cells from the stomach and esophagus, mucus, and crystals of uric acid. As long as the urine was discharged in this way, not a drop could be obtained from the bladder. After a month the patient recovered.—*Four. de Med. de Paris.*

Camel's Lung with Filaria Sanguinis.—Mr. Eve exhibited before the London Pathological Society, April 18th, a specimen which showed adult filaria sanguinis in the lung of a camel. The animal had suffered from a wasting disease for a year, and every drop of blood was found to contain ten or twelve embryo filariae. The camel was killed by decapitation, and on examination adult filariae were found in tangled masses within the aorta and the pulmonary artery and branches. Dr. Lewis, to whom the specimens had been sent, said that though the embryo was like that of the filaria sanguinis hominis, the adult was much larger, and evidently of a different species.—*Med. Times and Gazette.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE THERAPEUTICS OF CONSUMPTION.

H. Osborn Bayfield, F.R.C.P., etc., in the British Medical Journal of June 3d, notes a circumstance which suggests a new and probably valuable aid to the treatment of phthisis. It has been observed that the workmen in the tin-plate works at Penclawdd, South Wales, where sulphuric acid is used to clean the iron plates preparatory to the tinning process, rapidly lose flesh and assume a cachectic appearance, this being attributed to the inhalation of an atmosphere impregnated with hydrogen. To obviate this ill condition, the workmen are removed from this portion of the works to that in which the tinning process takes place, where they quickly regain their former health and flesh. This change is accounted for by the fact that in melting the tin palm oil is used as a flux, the oil being volatilized at the temperature of the molten metal. The workmen are thus surrounded by an atmosphere of vaporized oil, which not only enters their lungs by inhalation, but also saturates their clothing, giving them the advantage of an oil-bath. It seems that palm oil volatilizes without residue, which circumstance would make it easy of application for inhalation and vapor-baths. The writer concludes that this method of applying palm oil, in conjunction with the usual received remedies, to the treatment of phthisis, is warranted by the above observation.

If it were profitable to theorize upon this question, it might be urged that while an at-

mosphere impregnated with hydrogen might, by keeping out the amount of oxygen required for normal respiration, and by undue rarefaction of the air in the pulmonary cells, induce the lung-disease and cachectic state described by the writer, it is probable that some irritant agent escaping with the hydrogen has much to do with the pathological process. In fact, if the Nordhausen acid were used in cleaning the iron plates, fumes of sulphuric oxide (a powerful irritant of itself) would constantly escape with the hydrogen, and, coming in contact with the water raised to steam by the heat accompanying the chemical process, would surcharge the air of the apartment with vaporous sulphuric acid. This agent acts by abstracting water from the tissues, charring them if it be applied in a sufficiently concentrated state; and from this fact it is easy to see how its inhalation from day to day would tend, by drying and hardening the walls of the pulmonary cells, to bring about a condition analogous to fibrous phthisis, or set up a low form of chronic pneumonia.

In any case it is probable that the workmen in question were suffering from a non-tuberculous consumption of traumatic origin. The non-tuberculous form of phthisis (chronic pneumonia of Niemeyer) seems to be a well-established affection, its existence not being denied even by the converts to the theory of tuberculosis as supported by Koch's discovery, and, whether traumatic or not, presents just the kind of lung-lesion likely to be benefited by Dr. Bayfield's treatment, since the oil inhaled in the form of vapor would act as a local emollient, softening the indurated membrane, allaying irri-

tation, and placing the inflamed surface in the best possible state for resolution.

When we add to this the fact that the vaporized oil would find ready access to the blood through the pulmonary membrane, thus enhancing the nutritive processes of the body, it would appear that the writer has proposed for this particular form of the disease a remedy presenting the strongest *a priori* claims to usefulness.

On the other hand, the remedy would be of no avail—or positively injurious, by forming a nidus for the germs—in the specific or tuberculous form of the disease, since it has been proved by Koch that his bacillus will not only live but reproduce itself readily in oil even when this is charged to the strength of one part in twenty with carbolic acid; and Mr. Malcolm Morris has shown by recent experiments on ringworm of the scalp, that oils and ointments, when used as vehicles for parasitocides, serve as a ready medium for the dissemination of the spores of the parasite, the disease spreading rapidly whenever the oil flows from a diseased patch over a healthy portion of the scalp. Mr. Morris says that “this is a very strong argument that neither oil nor fat of any kind should be used when the full action of an antiseptic is required.”

If these conclusions prove true, we should say (begging our readers' pardon, of course, for being so theoretical) that fine diagnostic skill will be required of the physician in adapting his treatment to wasting lung-diseases. He must determine the specific or non-specific character of the affection; but it would seem, since Ehrlich does this so readily, that the discrimination may be made a matter of common practice. The non-specific variety can be treated with oil-vapor inhalations and oil-vapor baths, while the tuberculous type of the disease may be met by antiseptic inhalations with water as a vehicle for the drug employed.

If, however, the specific germs be once destroyed, Dr. Bayfield's remedy would then be applicable. The oil, so to speak, could be poured into the wounds made by these mi-

nute marauders, soothing and healing them as it does an abraded spot on the surface of the body.

In this view of the case Dr. Bayfield's observation gives promise of much good in the treatment of phthisis, and we shall look for reports of its exhibition with no little hope. Even if it should turn out that the vaporized oil when inhaled has no direct healing properties, the fact that oil can be passed readily into the system by way of the pulmonary vessels is a therapeutic discovery of great promise, since by this method one of the chief drawbacks to the administration of oil in phthisis is set aside; namely, its non-digestion, non-assimilation, and consequent nausea, which render the taking of it by mouth impossible to many patients.

The curability of consumption has ever been a problem of vital moment with the physician, and notwithstanding the skepticism of a very large and respectable part of the profession upon this point, we can not but feel that we are approaching its solution by steadily-advancing steps.

The discovery of the therapeutic value of cod-liver oil in phthisis, and the demonstration by it of the fact that the assimilation of hydrocarbons meets one of the most important symptoms of the disease; the introduction of the hypophosphites and malt; the successful application of antiseptic inhalations; and the demonstration of the power of oxalate of cerium in large doses to control the cough, are each an effective weapon in the hands of the physician as he goes forth to battle with this many-headed monster, and now comes another in Dr. Bayfield's suggestion, with its applicability demonstrated in one particular at least.

The proposition to open and drain lung-cavities by Professor Mosler, of Greifswald, does not seem applicable to this feature of phthisis in the present state of surgery, but the operation has been successfully directed to the emptying of a suppurating cavity around a large echinococcus cyst of twelve years' standing, by Fenger and Hollister, of Chicago; and since Schmidt, of Berlin, has

demonstrated the possibility of lung-resection, it is not extravagant to predict that surgery will yet accomplish the evacuation and purification of phthisical lung-cavities. While these means are in use or expectation, Koch is busy in trying by successive cultivations to reduce the virulence of his bacillus. If this end can be reached, and those hereditarily predisposed can be protected against tuberculosis by inoculation, the most sanguine expectations will have been realized. Consumption may not be stamped out of existence, but it will have to slip down from the first place upon all mortuary lists, where, like a fury upon a mountain of skulls, it has terrified the sanitarian and stared the statistician out of countenance ever since the day when the first death-record was drawn up.

MISCELLANY.

HOMEOPATHY.—In touching upon the subject of homeopathy, I shall find it hard to be very ill-natured; for so it happened that once, on the occasion of delivering a literary lecture, I found myself unexpectedly assigned to the hospitality of a homeopathic practitioner. If my host had consigned me to a chamber in one corner of a compartment of a hollowed-out mustard-seed, if he had offered me the ten-millionth dilution of a drop of coffee on a globule of sugar of milk, and a microscopic fragment of a muscular fibril, with a fraction of a starch cell, and a smell at a pat of oleomargarine, I might have felt as a patient ought to feel who has been insulted with pharmaceutic infinitesimals equally preposterous and absurd. But I was courteously entreated and handsomely entertained, and in remembrance of that open door and soft bed and well-spread table I will try to speak of homeopathy, not exactly as Isaac Walton says the angler should treat his frog, "as if he loved him," but at least as kindly as frogs are treated in our physiological laboratory.

The only excuse I can offer for devoting any time to the subject is the fact that it has a certain hold on the community, that it has organizations and institutions which present themselves to the medical student as having a better doctrine and a more effective treat-

ment than what it is pleased to call "the old school," for which "old school" Hahnemann invented the nickname, sometimes used by those who ought to know better, of "allopathy." I require this excuse for introducing the subject, for homeopathy has no *status* among the biological sciences, and has nothing of any practical value, so far as I know, to offer the medical profession. It began by promising to prevent scarlet fever, which it miserably fails to do; and from that day to this it has been a romance of idle promises slipping through the fingers like quicksilver, evaporating without residue like ether from the palm of the hand. If any one of these promises had been fulfilled, if any single remedy brought forward by homeopathy had proved trustworthy and efficacious, it would have been thankfully accepted by the medical profession, which welcomes every method of help unless it shows itself with false pretenses, and even then will appropriate any fraction of truth which underlies the deception or delusion. *Sanabilia sanantibus curantur*. If a drug is proved to be a remedy for any disease or symptom, it is no objection to it that it is capable of producing similar symptoms in a healthy person. It seems to be forgotten that the materia medica has long recognized a class of remedies under the name of *alterants* or *alteratives*. Under this general head every so-called homeopathic remedy would find its place if any proved really valuable. We might expect that half a century of experience would have something tangible to show for itself. . . .

So far as I can take account of the stock, the present assets of homeopathy consist of a pleasing and sonorous designation, a nomenclature of symptoms, with sets of little phials containing globules, which are the prettiest and most fascinating of amulets, arranged to correspond with the nomenclature—a collection of "provings" which prove more about the prover than about the questions to be proved, and a doctrine which slips on or off like a kid glove, according to the company in which the practitioner finds himself. Why homeopathy should have so much popular currency in this country as compared with the land of its birth or with Great Britain, is a curious question. It has been attributed to the state of medical education, but it might be found, I suspect, to be in intimate relations with another very interesting matter, too delicate for me to meddle with here, namely, the potential influence in our community of the

imaginative sex and its psycho-biological leaders and followers.

Hahnemann was not an ignoramus, by any means, but something a great deal worse. He was a hopeless subject of cerebral strabismus, beyond all medical, all surgical treatment. A squinting eye can be set right, but a squinting brain is too much for the art of gods or men. Whether the strabismus involved the moral as well as the mental faculties of Hahnemann, I will not stop to discuss. But when a man misinterprets all that he reads, when he borrows the most foolish things from the most foolish or erratic writers that he can possibly get hold of, then the less he knows about books the better.—*From an Address before the Medical Department of Harvard University, by Oliver Wendell Holmes; Boston Med. and Surg. Jour.*

TRADING ON A NAME.—The Medical Press and Circular says that while the extract of beef bearing the name of Baron Liebig is *bona fide*, statements like the following are misleading: "Baron Liebig, the eminent chemist and analyst, who has invented and who superintends the manufacture and analysis of this preparation, as well as the Liebig Company's extract of meat, etc." The extract of meat was originated by the eminent chemist, but the cocoa was not brought out until several years after his death, when his second son, Baron Herman von Liebig, gave his sanction and pecuniary support to the cocoa. "It is therefore untrue that the elder Liebig invented the two articles, and it is equally misleading to call the present possessor of the name 'the eminent chemist.'"

PERSONAL.—Dr. L. S. McMurtry, late of the Kentucky School of Medicine, has been appointed Demonstrator of Anatomy in the University of Louisville, the work of the department being divided between Dr. McMurtry and Dr. R. B. Gilbert. Dr. H. A. Cottell has been transferred to the position of Lecturer on Medical Chemistry, continuing his demonstrations in the laboratory as heretofore.

CHLOROFORM-POISONING.—Dr. Oliver reports (British Med. Jour.) a case where three ounces of chloroform were swallowed. Profound coma followed lasting seven hours. Artificial respiration was practiced, with inhalations of nitrite of amyl, faradism, and hypodermic injections of ether over the cardiac region. Patient made a good recovery.

XANTHIC OXIDE CALCULUS.—In a very interesting article in the New England Med. Monthly, Dr. George L. Porter, of Bridgeport, Conn., reports a case of xanthic oxide calculus from the kidney. The patient was a young lady, eighteen years old, who for a year presented all the symptoms of a renal calculus. Sudden relief was experienced, shortly followed by symptoms of vesical stone. An exploration was made, but no stone was detected. In a few days, following an attack of severe vesical pain and irritation, the stone was passed without pain. It weighed forty-eight grains. This form of calculus is very rare, this making the eighth case on record.
J. B. M.

SOUR WINE AND ELECTRICITY.—According to the Paris newspapers, a novel experiment has recently been made with wine at the entrepôt in that city. A current of electricity was passed through a small cask of sour wine, and at the end of a few days the wine was found to be greatly improved in quality, and to have acquired that flavor which has hitherto been supposed to come of age. It is said that the discovery of this new maturing process is owing to the accident of a thunder-storm having greatly improved a cask of bad wine in the cellar of a vintner at Carcassonne.—*Med. Times and Gazette.*

HOANG NAN, ITS THERAPEUTIC AND PHYSIOLOGICAL ACTION.—Hoang nan contains strychnine and brucin, and its physiological action is identical with that of these alkaloids. For exhibition, an acidulated alcoholic extract will be found more effective than the powdered bark. Spurious angustura bark may be substituted for the hoang nan, and, without nice discrimination, the dealer can not tell one from the other.—*Galippe, Mediz. Zeitung, May, 1882; translated for the L. M. News.*

THE officers of the American Medical College Association for the ensuing year are: President—W. W. Seely, M.D.; vice-president—Deering J. Roberts, M.D.; secretary and treasurer—Leartus Connor, M.D. The next meeting will be held in Nashville, Tenn., at such date as shall be fixed by the president.

SEVERE.—A hospital-nurse, being asked which was the most dangerous case in the ward, pointed to the surgeon's case of instruments and said, "I think that one is."

ON THE NATURE, MODE OF PROPAGATION, PATHOLOGY, AND TREATMENT OF SCARLATINA.—In the American Jour. of the Med. Sciences for July, 1882, Dr. John A. Ochterlony publishes a valuable paper on this subject, based upon the careful study of fifty-eight cases of scarlatina occurring under his own observation. Under the discussion of the nature of the disease he advocates the theory of Eklund, of Stockholm, whose observations as to the parasitic nature of the disease he says he has repeatedly confirmed. In the urine of scarlatinous patients there is constantly present an immense number of peculiar cellular bodies which have received the name of *plax scindens*. They consist of sporoidal cells, flat, oval, or round, and either colorless or yellowish white. They have a distinct cell-wall and a nucleus of a clear brownish color. Sometimes the nucleus contains a very minute nucleolus. As seen floating about in the fluid examined, they often exhibit rotatory or screwing or see-saw movements. It has been further observed that these little bodies multiply first by division of the nucleolus, then the nucleus divides, lastly the cell itself undergoes division. Mycelium filaments never develop from these cells, nor do they arrange themselves in beads or in the zoöglea form. These bodies are always found in the blood of scarlatinous patients, as well as in the urine, but are not known to occur in any other disease. Hence it would appear that the infectious agent of scarlatina has been found.

The monograph considers, in addition to this point, the mode of propagation of scarlatina, its pathology, pathological anatomy, and treatment of the various forms under which the disease is met.

GENERALIZED VACCINE ERUPTION.—Dr. Guéniot detailed to the Académie de Médecine (May 18) the following interesting case: He practiced six vaccine punctures on an infant five months old, the subject of an eczema then in a state of retrogression. On the fourth day there appeared over the papulæ, which had become visible at each puncture, large, well-developed vesicles, resembling those of the sixth or seventh day, and furnishing very abundant vaccinal lymph. On the seventh day there appeared on the shoulders, arms, and chest a multitude of small papulæ, which next day were translated into as many vesicles. By the next day there were at least three hundred well-developed vaccinal pustules. The infant had fever, irritation, and sleeplessness to a degree that was

somewhat alarming; but by the fourteenth day there was general desiccation, and on the seventeenth the child was convalescent. Dr. Guéniot, believing that the excoriations of the skin from the eczema, by multiplying the means of absorbing the virus, might have been one cause of this "pullulation," asked whether, in children suffering from eczema, vaccination should be deferred. He replied negatively, believing it preferable to expose an infant to the chance of this rare occurrence than to taking so serious a disease as smallpox. But he is of opinion that two punctures instead of six should be practiced, one on each leg.

Prof. Blot, however, was of opinion that, unless an epidemic of smallpox was prevailing, it would be better to defer vaccinating infants who are the subjects of eczema or impetigo. There are, indeed, several cases similar to that of Dr. Guéniot on record.

M. Hervieux also referred to several cases that have been published, in which a more or less confluent vaccinal general eruption occurred in eczematous children. Still it is rare, for in 15,101 vaccinations he had practiced for the Academy he had never met with an instance, although many of the infants were eczematous; and he thinks that vaccination should not be postponed on this account.

Dr. Guéniot observed, in reply, that the very fact of these generalized vaccinations occurring was an argument in favor of great susceptibility to the contagion of smallpox, and a strong reason for not delaying vaccination.—*Medical Times and Gazette*.

A SPEAKING CANARY BIRD.—Dr. J. McG. Croft, an English physician, has come into the possession of a canary which is able to enunciate a number of sentences clearly imitative of the voice of a lady who has had charge of it since its early youth. The editor of the Medical Press, who has seen and heard this phenomenal bird, says, "The effect produced by the clear, sweetly-uttered sentences of the bird is almost wierd at first, but the feeling of wonder thus created soon gives rise to a sensation of exquisite pleasure, which is deepened as the little creature suddenly, at the end of a sentence, rushes off into an ecstasy of song."

DR. T. F. RUMBOLD, of St. Louis, says that Kennedy's Compound Extract *Pinus Canadensis* is the only astringent he uses in the throat. He considers it a valuable preparation.

Original.

SOME REMARKS ON THERAPEUTICS.

BY ARCH. DIXON, M.D.*

MR. PRESIDENT AND GENTLEMEN: As your Committee upon the Action of Remedies, I have deemed it better to take a broader view of the domain of therapeutics, and to go over the field touching here and there upon such points as I may consider of interest to the profession, rather than confine myself to any one remedy, and bore you by a recital of its physiological action as given by experimenters and which any one of you may read for himself.

During the past few years many new remedies have been brought to your notice. Some of these have proved themselves worthy of continued use, and others—by far the larger part—have gone down under the inevitable. In the past year nothing more curious in this direction has been announced than the action of fluoric acid in reducing and even removing bronchocele. Dr. Edward Woakes, in several papers in the London Lancet, showed that he had seventeen recoveries and three failures—a showing of eighty-five per cent of the former. At the meeting of the late International Congress the therapeutic action of drugs was treated largely from the physiological side. The recent progress of knowledge in regard to infective diseases accounts for this fact, and justifies the hopeful prognostication of Prof. Binz, “that the past history of therapeutics and recent achievements in the domain of etiology and pharmacology entitle us to assume that by persistent scientific inquiry and medical observation we may succeed in discovering a specific antidote for every species of infective or septicemic malady.”

The wonderful results obtained by the now distinguished Frenchman, Pasteur, “who was neither a great physician nor a great surgeon, nor even a great physiologist, but who, originally a chemist, has done more for medical science than any savant of his day,” hold out an almost sure hope of preventing the ravages, not merely of the destructive animal plagues which show themselves from time to time among us, but of doing that for some of the most fatal forms of human infectious disease which vaccination has already done for what was once the most dreaded of them all—smallpox. It

scarcely seems too much to expect that before long an appropriate “vaccine” may be discovered for measles, scarlet fever, diphtheria, and other acute zymotic diseases in the human subject. Already researches have been and are being made, with very promising results, on the cultivation of the *diphtheritic* virus by H. C. Wood and others, the mortality from which among children has been greater than from any other source, save perhaps scarlet fever. And it may not be too much to hope, from the recent discoveries of Koch, that the ravages of that dread destroyer of the human race—tuberculosis—may be stayed.

The field of the antagonism of therapeutic agents has notably increased both in size and importance, and physicians are giving more attention to this important subject, which promises to exercise a most potent influence over, and to be of the utmost service in, ordinary every-day practice. Belladonna still holds its place as the antagonist of opium, of physostigma, of jaborandi, and in a less degree of aconite, and, theoretically, should be given to antidote all agents whose tendency is to depress the respiration and circulation. The same might be said of strychnia, ammonia, and other respiratory and cardiac stimulants. Strychnia is antagonistic to chloral in a marked degree. Nitrite of amyl has also taken its place in the list, and is now probably the most reliable antidote to the depressing effects of chloroform. I have seen it do good service in a number of cases, and in two cases am positive that it saved life. Notably in that of a child, upon whom a tracheotomy had been made for diphtheritic croup, its action was so beautifully shown that I have not since administered chloroform without having it at hand. Nitrite of amyl is also antagonistic to ether, and *vice versa*, the one producing dilation of the arterioles and the other contraction of them. Dr. Rob't Barnes reports a case of poisoning by strychnia successfully treated by nitrite of amyl, and also recommends it highly to subdue irregular and excessive action of the uterus. It will be scarcely necessary to mention its well-known action in angina pectoris.

In antiseptic surgery, the day of carbolic acid may almost be said to be over. One reason for this, and perhaps the chief one, is that the danger and disadvantage sometimes attending its use has been distinctly recognized; another is because a substitute or substitutes have been found for it as reliable but not so poisonous. These substi-

* Read before the McDowell Medical Society, at Henderson, Ky., May 16, 1882.

tutes are thymol, eucalyptol, terebene, resorcin, and notably iodoform, which became famous for the results obtained with it by Esmarch and his assistant, Tilmans, till now iodoform may be said to be the fashionable remedy, being recommended for almost every thing within the whole domain of surgery or medicine.

Salicin and its compounds still stand at the head in the treatment of rheumatism, and there seems to be a general admission of a power over rheumatic pain and pyrexia in the salicyl compounds exceeding that possessed by any other medicines, and of these perhaps the salicylate of soda is the most efficient, it being also one of the best general antipyretics known.

Among the cardiac stimulants digitalis still holds, perhaps, the most prominent place, and is almost as frequently used as a diuretic. It has been remarked that the diuretic principle of digitalis is not soluble in alcohol, and that digitoxin, which appears to stimulate the heart most powerfully, is not very soluble in water. Therefore the infusion should not be given as a cardiac stimulant nor the tincture prescribed when a diuretic action is desired. This will apply to the infusion made from the fluid extract.

As hepatic stimulants euonymin (wahoo) and iridin (blue flag) are claiming deserved attention. As shown by the recent experiments of Rutherford and Vignal, they may be considered as true cholagogues, since they act directly on the liver. Wahoo perhaps stands in almost the first position as an agent stimulating the hepatic secretion. It is also diuretic, tonic, antiperiodic (slightly), and hydragogue cathartic. Under the name of "Doctor Dick" it was used years ago with beneficial effects in the different forms of dropsy by the late Dr. Trafton, of Evansville, Ind. These remedies bid fair to largely take the place of mercurials in all cases where it is desirable to stimulate the secretion of the liver.

A very elegant preparation containing a combination of euonymin and iridin has been put up by one of our pharmaceutical manufacturers under the name of "Elixir Purgans," which in my hands has given such exceptional satisfaction that I can not forbear to mention it. It seems proper also in this connection to acknowledge the progress of pharmacy and the convenience and beauty of its preparations, whereby medicines are put into forms at once portable and palatable, and half the old objection to them is removed.

The fact is not new, but it has been quite recently made more prominent by Sidney Ringer, in his Handbook of Therapeutics, that small doses of medicine frequently repeated act more efficiently than large doses given at longer intervals. Bartholow, Petero, Desau, and many others also recommend the use of minimum doses in almost every variety of disease. My attention was first called to this subject by my friend and former partner, Dr. J. B. Cook, and by observation and actual experience I have so convinced myself of their efficacy that with one or two exceptions I have discarded the larger doses, and by doing so have, I am sorry to say, been charged with practicing homeopathy. The believers in medicines and their efficacy in treating disease do not appear to increase. On the contrary, it is rather refreshing to meet with a practitioner now-a-days with any reliance on drugs. I would say to these doubters, try the small doses often repeated and your faith will revive. Take the first child you have in your practice with catarrhal fever or croup, and give it fourth- or half-drop doses of aconite in a teaspoonful of water, repeated every ten or fifteen minutes, and you will see the fever driven off and disappear like frost before the summer sun.

But there is an advance yet to be made and a point reached when we shall exclude all save the active principle of drugs. Quinine is far preferable to the bark, morphia to opium, and why should not the alkaloids and their salts, aconitin, veratrin, hyoscyamine, strychnine, digitalin, ergotin, and others given in small doses ($\frac{1}{120}$ or $\frac{1}{160}$ grain of the more potent) at short intervals—every quarter or half hour or hour—and discontinued or given at longer intervals when relief is afforded, be far preferable to the large and oftentimes nauseating compounds which are so frequently prescribed?

The thanks of the profession are due and should be extended to advanced pharmacy for rendering it possible to administer medicines in forms which are not only accurate and reliable, but in many instances pleasant to the eye and to the taste of both children and adults. We can not afford to allow a blind and foolish prejudice against what is called homeopathy to prevent our welcoming any advance which may tend to remove skepticism and restore faith in our healing art, and at the same time render our remedies palatable and pleasing alike to the taste and to the eye.

A writer in a recent number of The Lan-

cet says, "No man who has ever used aconitine for the reduction of temperature will hark back to the tincture, Fleming's though it be, or any crude form of the drug; and he who has not used hyoscyamine in troubles of the hollow viscera—stomach, bowels, bladder, etc.—has yet to experience the satisfaction and joy with which he will be greeted after prescribing it for a patient with spasm, retention, dysentery, or hernia; for this last is often spared the surgeon's knife by this beneficent drug."

The wise physician is he who has learned to choose the quickest and the best remedy for the relief of his patient, unmisled by superficial differences; who can shun the rocks where others have been wrecked, or from foresight of what is coming can be cool when the peril is upon him.

HENDERSON, KY.

Correspondence.

MATERNAL IMPRESSIONS.*

Editors Louisville Medical News:

Mrs. D., aged seventeen, of good constitution, was confined for the first time, November 17, 1877, and gave birth to a child well formed, with the exception of an unsightly ulcer about two and a half inches in diameter, and situated over the third and fourth lumbar vertebræ. Around the margin of the ulcer there was to be seen cicatricial tissue, while in the center could be observed granulations of unhealthy character. Around the margin of the cicatricial tissue, and completely surrounding it, were long, red, stiff hairs. This fact was recognized shortly after the birth of the child, but no one present was able to explain the condition or the cause thereof, and the mother herself had no theory to offer.

Thus it remained until the mother-in-law of the woman saw the child and examined the place, whereupon she gave this explanation, which was satisfactory to all who had had any opportunity of knowing any thing about the case: Between the third and fourth months of pregnancy the woman and her mother-in-law were walking through a field where some stock was grazing. Among the stock was a young mule with an ugly ulcer upon its fore-leg. The sore on the mule's leg was the result of a compound fracture it had received some months before.

The two women stopped to look at the mule, and while thus engaged the pregnant woman became faint and weak to such an extent that she had to sit down and rest before she could resume her walk. At the same time she complained of an uneasy feeling in the small of her back. Neither the woman nor her mother-in-law thought any thing more about the occurrence until the birth of the child and the condition found as above stated. Dr. N. A. McCoy, who attended the lady in her confinement, had seen the sore on the mule's leg several times before, and pronounced it and the one on the child similar in every respect. All others who saw both ulcers testify to the same thing. The child lived twelve days, and died without any prominent symptoms of disease.

The facts in this case are corroborated beyond doubt. Such things as these all have causes, and believing as I do in the theory of Bichat, "that it is by the modifications which the mother's blood receives from vivid emotions that we must explain their influence on the nutrition and growth of the fetus," I conclude with these reflections on the case: First, that nutrition and growth were affected to such an extent that it not only produced an ulcer on the child's back similar to that on the mule's leg, but affected the pigment in such a degree that the hair around the ulcer grew long, red, and stiff, while that on other parts of the body was soft and black. In the second place, this case differs from others in the fact that the woman, although she grew faint and weak, experienced no fright, no feeling of disgust, nor did the impression dwell long on the mind, nor did it recur to her again during the remainder of her pregnancy, nor was she expecting the child to be marked. Daniel Tuke, in his work on *The Influence of Mind over the Body*, gives seven cases of maternal impressions, and in every case he mentions, as prominent symptoms, fright, horror, disgust, or a continuation of the emotion produced in the mind of the woman. This case has none of these traits in a marked degree.

I will close by saying that the writer has attended the woman in two confinements since, and both children were well formed and healthy in every respect.

AMBROSE M'COY, M.D.

PINSON, TENN., May 12, 1882.

CANNABIS AMERICANA locally applied is the latest treatment for "reasoning mania."

* Reported from the notes of Dr. N. A. McCoy.

Formulary.

COTTON-SEED IN SPASMODIC CROUP.

George L. Gray, M.D. (Miss. Val. Med. Monthly), claims that cotton-seed is an efficient remedy in spasmodic croup. A handful of seeds is bruised and afterward boiled for a few minutes in a quart of water. The decoction is allowed to stand for a short time, when it is strained, sweetened, and cooled. The patient should now be given all it will drink of the medicine, or, if necessary, it may be poured down the child's throat. Relief is generally prompt, and sometimes without vomiting. If, however, the remedy be persistently given it will produce free emesis.

ALKALINE DRAUGHTS.

Where an alkaline drink is indicated the following will be found agreeable:

℞ Bismuthi carbonat..... } āā gr. x; 0.66 Gm.
Magnesiæ carbonat..... }

Make a powder, to be taken in half a bottle of soda-water three times a day. Or—

℞ Bismuthi subnitrat..... gr. xv; 1.00 Gm.;
Sodæ bicarbonat..... gr. xxij; 1.42 Gm.;
Pulv. tragacanthæ co..... gr. lxij; 4.12 Gm.

Make a powder, to be taken twice or thrice in twenty-four hours in a wineglassful of brandy and water.—*Boston Jour. of Chem.*

EXTERNAL HEMORRHOIDS.

Dr. Blaschko, of Berlin, recommends compresses soaked in a one-per-cent solution of ergotin, to be applied hourly. Dr. Pasqua, of Florence, gives the following ointment as infallible:

Ext. belladonna..... gr. vss; 0.33 Gm.;
Iodoform } āā gr. j; 0.06 Gm.;
Acetate of lead..... }
Petroleum jelly..... ℥j; 4.00 Gm.

Make into an ointment, to be applied three or four times a day.—*Druggists Circular.*

ELIXIR OF BERBERIA AND IRON.

The following is recommended in Kilner's Formulary, but we have no practical experience with the working of the formula:

Pyrophosphate of iron, gr. lxiv; 4.24 Gm.;
Phosphate of berberia, gr. cxxvij; 8.48 Gm.;
Hot water..... fl. ℥ ij; 60.00 fl. Gm.;
Simple elixir, to complete..... Oj; 500.00 fl. Gm.

Dissolve the phosphates in the water, add the simple elixir, and filter.—*Ibid.*

TO REMOVE FRECKLES.

Oil of almonds, exp'd... fl. ℥ iv; 120.00 fl. Gm.;
Lard ℥ iij; 90.00 Gm.;
Spermaceti..... ℥ j; 30.00 Gm.;
Expres'd juice of house-leek..... fl. ℥ iij; 90.00 fl. Gm.

Melt the spermaceti and lard together; add the oil and then the juice, and stir the mixture until it solidifies on cooling. A few drops of some perfume, as cologne, may be added.—*Oil and Drug News.*

COD-LIVER-OIL JELLY.

Cod-liver oil..... fl. ℥ v; 150.00 fl. Gm.;
Best isinglass..... ℥ ij; 8.00 Gm.;
Sugar (white), pow'd.... ℥ jss; 45.00 Gm.;
Oil of bitter almonds.... gtt. iv; 0.12 fl. Gm.;
Oil of allspice..... gtt. ij; 0.06 fl. Gm.;
Oil of cinnamon (Cey.), gtt. iv; 0.12 fl. Gm.;
Water..... fl. ℥ j; 30.00 fl. Gm.

Having placed the cod-liver oil, isinglass, and water in a suitable vessel over a water-bath, apply sufficient heat to melt the isinglass; then add the sugar, the essential oils having been mixed with it by trituration, and remove from the fire, stirring the mixture as it cools till it thickens. When it is cold a firm jelly will result, which will keep without spoiling for any length of time if kept in a corked bottle. The consistence of this jelly is such that it may be taken in water, milk, or wine without tasting the oil.—*Boston Jour. of Chem.*

LEPROSY.

Dr. Stevenson, of Capetown, reports in *The Lancet* a case of true leprosy successfully treated by half-ounce doses of tincture of eucalyptus. J. B. M.

Selections.

Cause of Sudden Unconsciousness.—Dr. R. O. Beard (Chicago Med. Journal and Examiner), in an interesting paper on this subject, details and compares the symptoms of the affections competent to produce unconsciousness, from which we quote the following:

Insolation, or sunstroke, although easy of recognition by means of the prevalence and presence of its exciting cause, is obscure in its pathology. It varies, of course, in duration and intensity. In certain cases cerebral hemorrhage is induced, when paralysis and other symptoms proper to the latter appear. The pulse always varies. The rapid and somewhat stertorous respiration is sometimes accompanied by a low moaning sound. The temperature ranges from 104° to 110° F. The skin is peculiarly harsh and hot, and the pupils contracted and insensible. Vomiting and purging are dangerous symptoms.

Uremic poisoning is a questionable cause of sudden unconsciousness, but certain cases are reported in which the usual prodromata are said to have passed unnoted until the abrupt occurrence of convulsions and coma. The convulsions are of the epileptiform type, and liable to remission. The presence of anasarca; the urinous odor of the breath; the dilated, indolent pupils; slow, stertorous respiration of a peculiarly labial character, distinguishable from the guttural sounds characteristic of cerebral hemorrhage and compression; and the progressively falling temperature, reaching in some cases 91.5° F., furnish sufficient diagnostic evidence. If urinalysis is possible, the discovery of albumen and casts will settle the question of cause.

I can not overlook the fact that a remarkable difference of opinion exists between Prof. Flint and other authors as to the temperature of this condition. He claims that a marked elevation, sometimes

ranging as high as 105° F., is observed in these cases. This statement is supported in Ziemssen's Cyclopaedia, where its explanation is attempted by a reference to the epileptiform nature of the convulsions and the correspondingly high temperature of true epilepsy. But although *epileptiform*, the convulsions are not *epileptic*, and the analogy fails in view of the wide difference in both causes and effects of the two diseases.

Neither can the excessive muscular exertion thus induced be regarded as sufficient cause for this reported elevation. Considering the fact that all other toxic agents which induce coma, among which uremic poison may very properly be classed, invariably occur with *lower* temperature, the above statement appears still more doubtful. In the apparent absence of post-mortem facts to sustain the clinical evidence, I would venture to suggest the occasional occurrence of meningitis as a complication of uremia and a possible cause of high temperature, and hence of these conflicting observations.

Asphyxia is properly ranked among comatose conditions of toxic origin, but is too familiar to need any thing beyond mention in this connection. It is well defined as "a suspension of animation, due to the non-conversion of venous into arterial blood." The indications point to primary disturbance in the lungs rather than the brain.

Alcoholic coma would appear at first thought to be of all forms of unconsciousness the most easily diagnosed, and yet no other condition has been so fruitful of mistake and of injury as the result of error. A medical verdict of "intoxication" has too often consigned an innocent sufferer from far more serious ills to a course of treatment which involved either irretrievable physical mischief or a form of moral injury equally impossible of repair. The odor of alcohol thrown off by the lungs is a valuable aid to diagnosis; but even in the presence of this indisputable evidence of inebriation it should be remembered that accident incurred while in a drunken state may cause concussion or compression of the brain, or that cerebral hemorrhage may supervene in this condition. The absence of paralysis, the presence of a complete muscular relaxation and anesthesia, and the state of the pulse, the respiration, and the skin are all worthy of note, but the condition of the temperature and the pupils furnish the most valuable and distinctive evidence. A low temperature, sometimes markedly low, is not absolutely peculiar to acute alcoholism, as opposed to other forms of unconsciousness, but in none save that of uremic poisoning is there so frequent and so considerable a fall.

Dr. Wm. MacEwen, of Glasgow, Scotland, records a thermic test in fifty cases noted under many varying circumstances, which shows a downward range of temperature from 97.9° to 93.4° F. These figures represent rectal temperatures, which, according to Wunderlich, should be reckoned from a half to one degree higher than in the axilla. It may therefore be stated that in alcoholic coma the temperature has a latitude of five degrees below normal. The same observer claims the demonstration of an absolutely pathognomonic sign in the condition of the pupils, which, as far as my observation and inquiry have extended, has proved a reliable aid in the diagnosis of doubtful cases and the exclusion of any coincident injury or disease.

In alcoholic coma *undisturbed* he states that the pupils are *invariably contracted*, but that on the application of any external stimulus sufficient to par-

tially arouse the patient they *at once dilate*, again relapsing into a contracted state as unconsciousness re-deepens. Dr. MacEwen reports the observation of fifty cases, of which number forty-eight answered perfectly to the test, contraction recurring in from five to thirty minutes after stimulation. The two exceptions to this rule proved, on subsequent inquiry, to have formerly suffered with disease of the iris, which had resulted in complete fixity of the pupils. Since the publication of these items I have endeavored, as opportunity offered, to test their accuracy, and in some eight cases I have noted the behavior of the pupils has been in perfect accord with the facts stated. This alternation is, I believe, characteristic of no other comatose condition, and is therefore, if supported by further investigation, an invaluable diagnostic sign.

Opium narcosis is so rapidly fatal in its course that it especially demands prompt recognition. In the early stages of its action the patient can be momentarily aroused. The odor of opium on the breath can usually be detected. The complete muscular relaxation, the suppression of all secretions except that of the skin, which is very profuse, the usually persistent vomiting, the markedly contracted and insensible pupils, and slightly reduced temperature, with other general symptoms, should be borne in mind.

The symptoms attending the narcosis of other soporific poisons are similar to the above. In the case of chloral, dilatation instead of contraction of the pupils is observed when poisoning results from the slow cumulative action of the drug.

On the Diagnosis of Trichinosis in Man. —

Probably a majority of isolated cases of trichinosis are never diagnosed, and even epidemics have passed unnoted, through ignorance of the symptoms caused by the parasite. In a recent lecture delivered at the Hotel Dieu, Paris, by Prof. Germain Sée, reported in the Med. Press and Circular, we find an able presentation of the symptoms of the malady, under the following heads:

1. *Gastro-intestinal Form.* Trichinous individuals are taken, without apparent cause, with serious digestive derangements; epigastric *malaise*, with a sense of fullness; nausea; vomiting. The time of vomiting is variable; sometimes it takes place on the same day that food was taken, or the day after, or three or four days. These gastric troubles are often attended by diarrhea of a choleraic type. The physician may treat the case as one of simple indigestion, or may believe it choleraic. The microscope will remove all doubt. The parasite will be found in the dejections. There are two points worth noting in this form—there is excessive perspiration and extreme muscular prostration.

2. *Rheumatoid form:* In this type muscular pains predominate. Patients experience great fatigue, accompanied by violent pains which prevent movement. There is a sort of weakness, painful paresis. About the eighth day the muscles became swollen and hard as a plank, very sensitive to pressure. If the trichinae have invaded arms and legs, test the muscles, the flexors are always more seriously affected than the others. Palpation gives a feeling of hardness, but the muscles of the limbs are not the only ones attacked. The trichinae may fix themselves in the muscles of the jaw, pharynx, larynx, and eye. The muscles of respiration, especially the diaphragm, are al-

ways attacked. Dyspnea may be observed, but this will vary according to the number of parasites fixed in the muscles of respiration. Pain is a leading symptom, and this pain may be put down to rheumatism, syphilis, neuralgia, etc. The physician will, however, be on his guard if gastro-intestinal trouble has been previously noted. The muscles may be pierced by the trocar of Duchenne or the harpoon of Modells, and the trichinæ sought for in the fragments removed. This is not a certain test, for you may take away a fragment of muscle perfectly healthy which may be alongside a completely trichinized fasciculus. It is better to make a retrospective inquiry as to what the patient has eaten.

3. *Edematous form.* This is the most characteristic type. Patients come to you with their faces swollen, especially their eyelids, complaining of extreme prostration. This edema may be unilateral when it is, so to say, pathognomonic, or it is dual. Not finding any thing the matter with the heart or the kidneys, cachexia is expected. When joined to these symptoms we have muscular weakness and gastro-intestinal disturbance, the diagnosis is simplified. This edema may become general or give place to edema of the extremities. This is explained by disturbance of the circulation by obliteration of the small vessels by the trichinæ.

4. *Typhoid form.* This form of trichinosis presents more than one analogy with typhoid fever. The temperature is raised and the fever continued. The aspect, prostration, respiratory trouble recall the onset of typhoid. The acute pain may be put down to spinal derangement. These phenomena will assist you: (a) The profuse perspiration which does not exist in typhoid fever, where the skin is excessively dry; (b) the edema of the face, observed in nine cases out of ten in trichinosis; (c) the rapid subsidence of the fever. I might make a fifth class under the name *nervous*. M. Le Roy Dè Mericourt believes that there is a certain analogy between these symptoms and those of acrodynia, which prevailed in Paris in 1829, and which may be attributed to poisoning by trichinæ. I might speak of the various furuncular, miliary, pustulous eruptions which have been noticed in a certain number of cases.

Résumé. The four forms of the malady which I have just described may combine, though intestinal disturbance may be absent; yet the muscular pain, the intestinal disturbance, and the swelling of the face will almost constantly be found. The typhoid form is usually seen in those cases which terminate fatally, death taking place from the twelfth to the thirteenth week, with stupor, delirium, and all the phenomena of adynamia. This short sketch will put practitioners on their guard against error, and facilitate the diagnosis of trichinosis.

A Case of Cerebro-Spinal Syphilis.—At a recent meeting of the Clinical Society of London Dr. Althaus read a paper on a case of cerebro-spinal syphilis. The patient, a healthy young man, suffered, eight years after an infecting sore, from severe headaches, which continued for six months, and were followed by an attack of aphasia and right hemiplegia, after which they ceased. He recovered his language, but the paralysis remained, and was followed six months later by paralysis of the left leg and the bladder and bowels. There was rigidity in the paralyzed limbs, and an enormous increase of tendon reflexes, so that the slightest irritation, such as a sudden noise, opening the door, etc., caused the legs to

shake fearfully, exhibiting the condition of spinal epilepsy. The center of these movements was in the patellar tendon, but percussion of any point of the tibia and the rectus femoris led to similar, although less violent phenomena; ankle-clonus was likewise marked, and the faradic and galvanic excitability of the nerves and muscles appeared to be increased. In the right arm powerful tendon reflexes could be elicited by gently striking the metacarpal bones, the capitulum ulnæ and the styloid process of the radius, the olecranon ulnæ, and the humerus. The abdominal and cremasteric reflexes were also increased; the muscles of the body were parietic. The urine, which had to be drawn off by the catheter, was healthy, except that there was occasionally an excess of lithates. The sexual power and desire were in abeyance. Dr. Althaus considered the exceedingly violent headache from which the patient had suffered not owing to a gummatous deposit, to which it is generally ascribed, but to syphilitic endo-arteritis; this was going on all the time the headache lasted, and ultimately led to thrombosis of the left middle cerebral artery and softening of brain-tissue. When the artery was completely blocked the headache ceased, never to return. With regard to localization, he argued that it was not the main branch of the Sylvian artery which had become blocked, but its cortical system, more particularly the anterior and posterior parietal arteries; and that the affection was therefore not one of the corpus striatum, but of the central convolutions bordering the fissure of Rolando. His chief reason for this was that the aphasia had been quite temporary, and that, in plugging of the main branch of the middle cerebral, loss of language is generally permanent. He thought the paralysis of left leg and of the bladder and bowels, which came on six months after the first attack, not to be owing to fresh arterial thrombosis in the right cerebral hemisphere, but to secondary sclerosis of the pyramidal strand spreading from the right side through the anterior commissure to the left side of the lumbar enlargement of the cord, where it involved, not only the pyramidal strand, but also the paths for the conduction of motor impulses to the bowels, bladder, and sexual organs.—*Med. Times and Gazette.*

Notes on Hyoscyamine.—Hyoscyamine is a drug which apparently possesses very valuable therapeutic properties, and, like many of the other alkaloids, requires only to be known to be appreciated. The first case in which I employed it was one of hepatic colic. Feeling convinced from its combined anodyne and anti-spasmodic properties that good results might be anticipated from its administration, I prescribed it in doses of $\frac{1}{120}$ grain every half hour until relief was obtained. The patient, a woman who had several times previously passed gall-stones, was greatly relieved after three doses, and the administration was kept up at intervals of an hour until after the spasm ceased. I have several times used it in abdominal colic, in the same doses frequently repeated, and on all occasions with the best results; and it has also proved the most effectual remedy in relieving the painful distress of spasmodic asthma. Indeed, in this latter complaint my patient, a long-standing martyr to the affection, admits that it has given him more ease than any other drug he has taken, and has completely displaced chlorodyne in his estimation. But perhaps the most valuable case of its successful administration is the most recent of all. The patient was a young woman from service,

who, when I first saw her, was in the most intense abdominal pain. There was considerable diffused peritonitis, and for some time the cause was uncertain. I was at first disposed to suspect, from the history, a pyemic origin, but ultimately concluded that the peritonitis resulted from collections of feces at the hepatic and splenic flexures of the colon. Morphia was administered both subcutaneously and by the mouth, and attempts were made to clear the bowels by bland enemata, but all to no avail. Having pushed the morphia as far as I dared, I was obliged to withhold its further administration; for though the pupil gave indications of its action, the pain did not seem to be in the least abated by it. After some time I determined to try hyoscyamine, which I did in doses of $\frac{1}{40}$ grain every two hours. At first it seemed slightly to increase the pain, but shortly after its physiological action upon the fauces and pupil became manifest the pain began gradually to subside, and a fairly fluid evacuation of the bowels ensued. From that time the patient began to mend, and is now progressing fairly well.

When I first used hyoscyamine I employed the granules manufactured by M. Chanteaud, the eminent French pharmacien. But recently I have used a solution of the alkaloid (Merck's crystallized) in rectified spirits of wine, of the strength of one grain in two drams. One minim of this solution thus contains $\frac{1}{120}$ grain of the drug, which can either be administered in a mixture with a little dill water, or may be used to form lozenges with sugar of milk.—*K. W. Millican, B.A., L.R.C.P., in The Lancet.*

Notes of a Case of Lodgment of a Fragment of Iron in the Substance of the Brain.—In the American Jour. of the Med. Sciences for July, 1882, Dr. Geo. Burr reports the case of a young man, aged twenty, who was wounded in the face by the bursting of an old gun. The next day, when first seen by Dr. Burr, he was perfectly conscious, complaining only of soreness in the vicinity of the injury and some slight headache. None of the cerebral functions nor of the cranial nerves were involved or disturbed, with the exception of a slight defect in hearing in the left ear. Some efforts were made to extract the foreign body by forceps, but these attempts failing, the patient was put under the influence of an anesthetic, and the forefinger was passed into the wound. In doing this, portions of brain-matter escaped. On pushing the finger still further inward, a large opening was found in the cranial wall, through which the finger readily passed into the cavity of the cranium. No trace of the missile could be reached by the finger nor found by any other means. The question of further surgical interference then presented itself, and it was finally determined to make no further attempts to extract the piece of iron at that time. The patient soon began to rally, and within a week left his bed, and a few days afterward was out of doors.

Three months and a half afterward he was seen after having driven a distance of at least twelve miles. He appeared well and hearty; had, however, a fistulous opening where the projectile entered, through which was discharging purulent matter. He went again to work cutting railroad ties.

A month later he was taken with a violent pain in the head, and in three or four hours died, having carried the mass of iron in the brain four months and thirteen days. The day before he had had a debauch, and was taken home in a wagon lying flat

upon his back, stupefied from the effects of drink. The brain was removed entire. The iron was found within the brain, and proved to be, as at first supposed, the tube and nipple of the gun. It was found in the interior and inferior angle of the left and middle lobe of the cerebrum, in near proximity to the fissure of Silvius. The cavity in which it was imbedded was lined by a distinct membranous cyst.

Pepsin.—M. Gautier has shown that sheep pepsin well prepared contains about two per cent of its weight of insoluble granules, which can be collected and washed on filters of porous porcelain, and appear then to consist of refracting corpuscles rounded or ovoid in shape. In spite of their insolubility these corpuscles seem to possess considerable digestive power, since they can peptonize albuminous bodies, and if left for a long time in pure water, or in water which is slightly acidulated, the substance of which they consist becomes slowly transformed into a soluble pepsin. Does this transformation occur by a simple chemical process analogous to the hydration of starch in superheated water, or are these granules minute organisms, as M. Béchamp thinks, the function of which is to secrete the pepsin? M. Gautier inclines to the former view, believing that the granulations constitute a chemical ferment, an insoluble pepsin, without life or organization, from which pepsin is formed in the presence of water by a purely chemical reaction. They contain a nitrogenous acid, free from sulphur and phosphorus, which resembles fatty acids in being soluble in ether and crystallizable. The evidence against their organized nature is, that the highest magnifying power reveals in them no organized structure, and they undergo no multiplication in sterilized culture liquids. They digest albuminoid substances in the presence of the most powerful poisons, such as prussic acid, which destroy entirely the activity of organized ferments. The activity of the granules is only manifested in an acid liquid, which is a characteristic diametrically opposed to that of bacteria and their germs, which are active only in alkaline or neutral solutions.—*The Lancet.*

A New Parasitic Skin-disease.—Dr. Nielly, Professor of Exotic Pathology at the Naval Medical School at Brest, recently exhibited to the Academy of Medicine a lad aged fourteen who had just entered the service. An eruption, papular, vesiculo-pustular, discrete or confluent, was present on the left upper extremity, in some places on the body, and thickly on the lower extremities. The sero-pus from the eruption showed under the microscope numbers of nematoids not unlike filariæ or anguillulæ. These worms, colorless, transparent, and measuring on an average $\frac{333}{1000}$ of a millimeter in length by $\frac{13}{1000}$ in width, were in constant flexuous movement, generally slow, but occasionally active, but had nothing in common with the *Filaria medinensis* or *hominis sanguinis*. Dr. Nielly believes this disease, indubitably parasitic, to be identical with the crawcraw described in 1875 by Surgeon O'Neill, R.N., as prevalent among the black population of the Gold Coast; but whether it be the same or not, he is not aware of its having been hitherto recognized by any observer in Europe. As the boy had never left the place of his birth, it seems highly desirable that further researches should be carried out in that part of Brittany.—*Med. Times and Gazette.*

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"NEC TENUI PENNĀ."

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J. W. HOLLAND, A.M., M.D., }
H. A. COTTELL, M.D., } Editors.

COFFINISM.

A fatal case of poisoning by lobelia inflata is recorded in the British Medical Journal of July 1st. The patient was a man of intemperate habits in drink and an enormous eater. He had for some months been suffering with heart-disease, and had often complained of a severe burning pain in his stomach. In this condition he fell into the hands of the "Coffinites," and on the day of his death had taken an emetic consisting of lobelia and cayenne, which failed to produce emesis and induced a state of intoxication from which he died. A post mortem was made twelve hours after death, when the pupils were found slightly dilated, the lower jaw firmly fixed, and the abdomen greatly distended. A further examination revealed the intestines much congested in places, and an aperture as large as a goose-quill in the lesser curvature of the stomach, through which about two pints of fluid of a milky appearance had probably escaped into the peritoneal cavity. In the cavity of the stomach was found a half pint of yeasty fluid, in which lobelia-seeds and pieces of cayenne were to be seen. The lungs were healthy, but the heart was fatty.

A coroner's jury returned a verdict of death from perforation of the stomach induced by the action of an emetic containing lobelia, which the deceased had injudiciously taken.

The Coffinites, who take their name (a very suggestive one in the light of the above case) from one Dr. Coffin, seem to be near rela-

tives of the Thomsonians, once well known in this country. Their creed is rudimentary and their therapeutics simple. Acting upon the dictum that "heat is life," and that "the want of heat is disease and death," they give lobelia and cayenne in all cases coming under their care, regardless of the condition of the patient. They confidently assert that lobelia can not kill, but it has been shown over and over again that when the drug fails to be rejected by the stomach it acts as a powerful irritant and depressant, and kills with the greatest certainty.

While cases such as the above may not teach the physician any thing new regarding this powerful and dangerous drug, they may serve him a useful purpose for reference in warning the laity against its popular use. Lobelia not many years ago was as much the sheet anchor of those who practiced the Thomsonian method of treating disease as was ever aconite in the hands of the homeopaths, with this count in favor of the latter, that it was given in doses too minute to injure the patient, while lobelia in strong decoction was poured down the throat of the sick man *ad libitum*, bringing away from his stomach every thing it contained down to the basement membrane, and leaving him in a state of prostration which none but the victims of this drug or of the first overdose of tobacco could appreciate.

The lineal descendants of Thomson, our brothers the modern eclectics, have drifted away from this mooring; at least we rarely observe any allusion to the abomination in the eclectic journals; but still among the books on domestic medicine in many families may be found a treatise by some disciple of Thomson, with a large engraving

of the lobelia inflata for a frontispiece, the pages following being devoted largely to laudation of the drug, with directions for its employment in heroic doses in almost every affection described. Besides these, there is in every town, especially in the Northern States, a traditional follower of the Thomsonian school in the person of some benevolent old lady who always keeps a bunch of lobelia hanging in her garret, and who administers it to her family or her neighbors, when any of them are taken sick, as a preliminary measure or by way of diversion, before the doctor arrives.

The physician who is plagued by this phase of domestic practice can do much for suffering humanity, and materially reduce the popularity of this barbarous plant, by always having in his medicine-case an antidote for lobelia, and at his tongue's end a long list of the deaths it has caused.

The introduction of lobelia was a protest against the abuse of calomel, antimony, and blood-letting, and it is claimed by its advocates that it marked an era of reform in therapeutics. Whether Thomson, in substituting lobelia for the drugs employed by the regular physicians of his time, was governed by the politic notion that a people long accustomed to therapeutic abuses would not tolerate drugs of mild action, we know not; but it is certain that by aid of the remedy introduced by him the descent was gradual, the patients never suspecting that they were being let down to the plane of mild medication, while the founder of the new school goes into history as the first physician who ever secured the discontinuance of the abuse of poisonous drugs by substituting for them one still potent for the destruction of life.

HIP-JOINT AMPUTATIONS AND VIVISECTION.

In a letter to the Medical Press and Circular, Mr. Lawson Tait says that he is not an anti-vivisectionist, but is in danger of becoming one from the style of argument used by the vivisectionists. He then pro-

ceeds to criticise a statement by Mr. Samson Gamgee, made in his pamphlet recently published in defense of vivisection, that amputation at the hip-joint was never attempted until it had been proved safe by vivisection. His authority for this, says Mr. Tait, is a bald statement about some experiment published in 1778. "But amputations through both hip-joints in the same patient were performed in 1748, and I have obtained traces of still earlier cases. What are we to think of a case which is got up on evidence like this? Not a single statement advanced in support of vivisection will stand the test of historical criticism; at least I have never found one, and I shall be glad if you can supply me with some more upon which I can make researches. I do not willingly nor without pain occupy a position hostile to general professional opinion; but the case for vivisection must be more substantially supported than it has been hitherto, otherwise it certainly will be overthrown."

Whether the majority of standard surgical operations will stand the test of historical criticism in this particular or not, we will leave for the surgical antiquary to determine; but we feel certain that the vivisectionists can confidently commend ovariectomy to the researches of Mr. Tait without damage to their cause, since spaying was safely practiced upon hogs and cattle in ancient as well as modern times, and the knowledge of this no doubt did as much to inspire the father of ovariectomy with confidence in the practicability of his first operation for the cure of an otherwise necessarily fatal disease, as it did the Hungarian swineherd when he sought thereby to check the lewdness of his daughter.

But even if this with all other surgical operations should be proved to have been first performed on human beings, it would not make Mr. Tait's attitude toward vivisection any the less remarkable, since this would be only additional proof of the cruelty of ancient times, and the light value set upon human life in those days as compared with the present.

That surgeons bred in times when men were burnt at the stake for minor offenses, racked, tortured with thumb-screws, placed in stocks and pillory, flayed alive, bastinadoed, and beat at the whipping-post, should have hesitated to undertake any operation upon a human being, no matter how perilous it might be, is not to be supposed; nor does the fact, however well borne out by historical research, constitute any argument against the more humane modern practice of testing the safety and feasibility of a new and doubtful operation on one of the lower animals before performing it upon man.

BILLROTH WILL NOT LEAVE VIENNA.—The professorship left vacant in the Faculty of Medicine in Berlin by the resignation of Langenbeck has been offered to Billroth, who declines the honor, saying that he considers himself as belonging to Austria and the University of Vienna. In appreciation of this decision he was tendered, on the morning of June 23d, a complimentary address headed by the name of Duke Karl Theodor, of Bavaria, and signed by a large number of his students. In the evening a great procession, in which thousands of students participated, marched under the University flag, with torches and colored lamps, to the professor's house and there gave him a rousing serenade. Billroth thanked the gathering in a few warm words, and the crowd dispersed amid music and cheering. The love of the German student for his teachers is a prominent and beautiful feature of his character.

BORO-GLYCERIDE has been patented. This is perhaps the first case in which proprietorship has been given in a definite chemical compound. It is believed, however, that the patent will be held only to secure to the inventor the sole right of using the compound in preparing and transporting beef upon a large scale, and will not affect the manufacture, sale, and use of the drug for medicinal and pharmaceutical purposes.

MISCELLANY.

ARSENIC A PROPHYLACTIC AGAINST INFECTIOUS DISEASES.—Dr. Walter G. Walford, in a letter to the *London Lancet* of May 20th, proposes the administration of arsenic to persons exposed to scarlet fever and diphtheria, believing that if the drug be given in full doses during the incubative stage of these affections, it will forestall their development or modify them to such an extent that they may be treated as trivial ailments. Believing in the germ-theory of the cause of diphtheria and scarlatina, and having noted a statement to the effect that a person who is under the influence of arsenic can not be successfully vaccinated, he began to administer the drug to children not previously afflicted with the disease, in whose families there was an outbreak of scarlatina. During a period of several years he had submitted about one hundred children so exposed to this prophylactic treatment, and among this number two only had developed scarlet fever, and in these the disease presented itself in a very mild form.

His experience with the drug as preventive of diphtheria is limited to his two sons, whom he removed from a school where from local conditions diphtheria had attacked six of the boys, two cases being fatal. Under the administration of arsenic the younger son did not develop any symptom of the disease; but the elder, who was complaining of soreness in the throat at the time he was placed under treatment, showed after six days two small but unmistakable patches of diphtheritic false membrane on his fauces, "although his temperature never rose above 100° F., and his health and spirits scarcely flagged." In a few days he was well.

The preparation employed by Dr. W. is the liquor arsenicalis (P. B.). He gives it at first about three times a day in as large a dose as can be safely used, due regard being had to the age of the child. Each dose of arsenic may be combined with from fifteen minims to a half dram of sulphurous acid and a small quantity of the syrup of poppy. This makes a pleasant mixture, of which the children are fond.

He thinks that arsenic might be made available as a preventive against many other affections, among which he mentions hydrophobia as an extreme test of its prophylactic qualities.

PRESIDENT ELECT OF THE AMERICAN MEDICAL ASSOCIATION.—Dr. John L. Atlee, the

recently-elected president of the American Medical Association, was born in Lancaster, Pa., in 1799. He commenced the study of medicine in 1815, and graduated in the University of Pennsylvania in 1820. He began the practice of medicine in Lancaster, where he still remains. He was active in the organization of the Lancaster city and county medical societies, being twice elected president. He was one of the originators of the State Medical Society in 1848, and in 1857 was elected president of this body. In 1868 he was elected one of the vice-presidents of the American Medical Association. At the union of the Franklin and Marshall colleges he became Professor of Anatomy and Physiology, which position he held until 1869. He has been a regular contributor to many medical journals. In 1843 he revived the operation of ovariectomy, and was the first to successfully remove both ovaries at one operation. He married in 1822, and has two sons, who are physicians. One of them is Dr. W. F. Atlee, of Philadelphia, the well-known ovariectomist. This latest honor, the highest in the gift of the American medical profession, conferred upon him at St. Paul, is a fitting tribute to his worth as a physician, a scholar, and a man, and one well earned by a long life of devotion to medicine, to truth, and the highest good of humanity.

SULPHUROUS ACID IN TYPHOID FEVER.—Dr. Burney Yeo, in the June number of *The Practitioner*, gives an account of certain experiments made with sulphurous acid in typhoid fever. Three cases are cited, but the first was of too mild a type to prove any good effect from the drug, and in the second the remedy was discontinued because of alarming hemorrhage from the bowels before any effect was noted. In the third case the remedy was first used on the fourth day of the fever, the dose being one half dram of the acid every four hours. During the first five days of treatment the temperature ranged between 102° and 104° F. On the ninth day the evening temperature was 103.6°, but on the tenth day there was a notable fall. From this on to the twelfth day it did not rise above 102°. On the thirteenth day the temperature fell to 101.2°, and for the next six days it reached on one occasion only as high a point as 101°. During this time the patient seemed to be doing well, except that he was always nervous and depressed. There had been no abdominal tenderness or distension, and but five ac-

tions from the bowels during nine days. On the nineteenth day, however, he complained of abdominal pain. The temperature began to rise, reaching 103.8° on the twenty-second day, and upon the twenty-eighth day it was 104.2°. Diarrhea and hemorrhage became persistent, and he died with symptoms of perforation on the twenty-ninth day. The post-mortem examination revealed abdominal lesions of great gravity.

Dr. Yeo concludes that while the remedy exerted no influence over the intestinal lesion, it certainly seems to have modified in a remarkable manner the temperature-curve of the fever, just as quinine in large doses is often found to do. It is worthy of note that in this case, notwithstanding the extent and gravity of the intestinal ulceration, the temperature was never very high, only twice reaching 104°.

ECLECTICS.—The Eclectics are the lineal descendants and heirs of the Thomsonians of a past generation, whose botany, as Prof. Asa Gray informs me, included not only *lobelia*, but also "*highbelia*." The eclectic writers and teachers seem to be a sort of half-armed medical militia, of the class that spells inflammation with one *m* and whiskey without the *e* in the last syllable. I do not suppose their practice differs very much from that of those whom we call regular physicians. One of their "professors," who recently left the eclectic for the regular ranks of the profession, gives as his reasons that the original and cardinal doctrines of the eclectic school—opposition to blood-letting and certain mineral remedies on the one hand, and the use of various new remedies on the other—have been largely adopted by the regular school of medicine. Whatever credit belongs to Samuel Thomson and his successors, the eclectics, let us not deny them. But the real change of medical practice, so far as it can be traced to any individual sources, may with a good show of reason be laid at the door of such teaching as that of Louis on Blood-letting, of Dr. Jacob Bigelow on Self-limited Diseases, and of Sir John Forbes's *Nature and Art in Disease*.—*Holmes; Bost. Med. and Surg. Jour.*

PHYSICAL DIAGNOSIS.—I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was

too much like the indulgence of an idle and worse than idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they never would have thought of otherwise. I even doubt whether it is always worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too frequent fatal gift of science? *A prognosis of despair.* "Do not probe the wound too curiously," said Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest when a *very* wise man would let it alone and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist.—*Ibid.*

UREMIA.—In a case of scarlatinal nephritis, with convulsions, Dr. D'Espine, of Geneva, obtained good results by free venesection. On chemical analysis the blood was found to contain about twelve times the normal quantity of urea and three times the amount of potash. Two thirds of the potash was found in the serum, whereas normally almost all the potash is contained in the globules.

Dr. D'Espine offers the following explanation of uremia: 1. An accumulation of potash in the serum, derived from the uneliminated detritus of red corpuscles, the destruction of which may be caused by the accumulation of urea in the blood. 2. To an enormous increase of the arterial tension in consequence of the direct action of the potash salts on the endocardium and cardiac nerves. Bleeding acts probably by eliminating toxic material and lowering arterial tension.

J. B. M.

LEAD-POISONING.—Dr. H. S. Guthrie reports in the Ohio Medical Journal the case of a young lady who suffered severely from chronic lead-poisoning caused by the daily application to the face and hands of carbonate of lead as a cosmetic. There was complete paralysis of the extensors of the forearms and incomplete paralysis of the lower limbs. Five-drop doses of Fowler's solution were given thrice daily. At the end of three months the patient was in good health and had regained almost complete use of her muscles.

J. B. M.

THE BIRTH OF AN ELEPHANT.—Dr. Gustavus E. Sussdorff, of New York, contributes to the July number of the New York Med. Jour. and Obstet. Review an account of the process of parturition as it took place in the case of the elephant "Queen" last February. The period of gestation was five hundred and ninety-seven days. There was no noticeable enlargement of the abdomen until it suddenly became quite prominent the day before labor began. This enlargement did not subside with the expulsion of the fetus and after-birth, but continued four days longer. During the latter months the mammæ became swollen, and soon filled with serous milk. These were the only signs of pregnancy to be seen. The labor began at 3 o'clock P.M. February 2d. At this time the mammæ were greatly distended with milk, which came away continuously in drops. The vagina now began to drop down and swell. In a short time thick mucus began to come from the vagina in long ropy strings, and almost poured out just before delivery. From 3 until 8 o'clock "Queen" was evidently uneasy, as she constantly moved her body from side to side, but did not seem to suffer *pain*, and quietly munched some hay up to the very moment of delivery. At 8:10 P.M. the young elephant was born, the head presenting, completely enveloped by the unbroken membranes. The head and part of the body rested between the hind-legs of the mother, and touched the ground. Without waiting a moment, the mother ruptured the membranes with her two hind-feet, when the young one rolled out on its back. The membranes were no sooner liberated than they quickly returned into the vagina. The umbilical cord had not been seen at all, having probably been torn away during the descent of the fetus. The mother now quickly turned to the young, and on seeing it began to roar and bellow furiously, which she continued for ten minutes. As soon as she saw the baby she also at once placed one forefoot on it and rolled it several times, as one does a lemon under the palm of the hand, the bellowing and roaring continuing. In a moment or two more she placed her abdomen upon a short post in the ground, to which she was chained, standing almost upon her head, and grasping the post with her trunk, thus forcing the abdomen with great power against the post. "Queen" remained in that position for about ten minutes; then became quiet, and, while playing with her young, took some food. Nothing indicative of after-pains could be recognized

after this, and in one hour and thirty minutes the placenta was expelled. With it there came about two quarts of clotted blood. There was no hemorrhage either from the uterus or from the umbilicus of the calf. The duration of labor was five hours and ten minutes. The calf, a female, weighed two hundred and forty-five pounds, and stood just three feet high. It began nursing one hour and forty minutes after birth. It had two middle upper teeth. The umbilical cord entered the abdomen about three inches anterior to the vagina, and had been detached very close to the abdomen, as none was visible at that point, the canal being open and large enough to admit a good-sized finger for half an inch.

Dr. Sussdorff remarks that there are several very interesting and instructive points in this history. First, the period of gestation is evidently not affected by change of climate and captivity, lasting about nineteen and a half months. The time of labor is short, and evidently there is not much pain. The sagacity of the animal is remarkable, as shown by the manner in which she ruptured the membranes, the means she took to excite respiration by rolling the young, and, finally, her effort to express the placenta from the uterus. He then describes the placenta and the fetal membranes, comparing them with those described by Owen, and adds a summary of various observations which have been made on the milk of the elephant as compared with that of other animals, giving drawings which show its microscopical characters in comparison with those of cow's milk.

SULPHIDE OF CALCIUM AS AN ANTISUPPURATIVE.—Dr. Andrew H. Smith, chairman of the Committee on Restoratives of the Therapeutical Society of New York, furnishes to the New York Med. Journal and Obstet. Review for June, 1882, a report of the committee on the use of sulphide of calcium for the purpose of preventing or diminishing suppuration. After giving the experience of several members of the society, Dr. Smith concludes his report as follows: Judging from this limited number of cases, it would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable and often a very marked benefit is derived from the use of the calcium sulphide, suppuration which would otherwise take place being averted, or the quantity and

duration of an existing discharge being lessened. At the same time its action is not uniform, and in many apparently favorable cases it will fail entirely. The drug is somewhat prone to irritate the stomach, and this circumstance affords an indication for small doses frequently repeated instead of larger ones at longer intervals. One tenth of a grain every two hours in acute cases will generally secure the full therapeutical action of the drug, but larger doses may sometimes be required, and some patients will bear well a grain three or four times a day. Even in small doses the sulphide will occasionally produce headache, and the patient is usually more or less annoyed by eructation of sulphuretted hydrogen.

A BRUTAL MANAGER.—A shocking case of culpable negligence is reported to have recently occurred in the Holbeach Union, Lincolnshire. A young man, a pauper named Ringham, an inmate of the Union, had been suffering from a skin-disease, and was placed in a fumigating box used to disinfect persons suffering from infectious diseases. It is not stated whether this course was adopted on the recommendation of any medical officer, but it would appear that the man complained of the heat, and said he should die if he were not taken out. Two persons who were in the room represented his condition to the master; but the latter, it is said, refused to let Ringham out, and left the room. On his return the man was insensible and apparently dead. This was not actually the case, although he died shortly afterward. At the inquest it was stated that too much sulphur had been used, and that the heated irons applied to the sulphur were too large, causing the flame to reach to the bottom of the box in which the deceased stood. The coroner's jury, after an inquiry lasting twelve hours, returned a verdict of manslaughter against the master.—*Med. Times and Gaz.*

RADICAL CURE OF VARICOCELE.—The intravenous injections of chloral hydrate is the latest suggestion for the treatment of varicocele. Dr. Angelo Negretto (London Medical Record) reports two cases in which he obtained a speedy and permanent cure by intravenous injections of chloral hydrate. He uses a solution of chloral hydrate, seven grains to the ounce, and injects in several points in the mass. Mild orchitis followed in both cases, but within a week all signs of the operation and the varicocele had disappeared.

J. B. M.

Original.

THE ADVANTAGES OF THE LIGATURE IN THE TREATMENT OF HEMORRHOIDS.

BY W. H. LOPP, M.D.*

It is claimed that the treatment of piles by injection originated with a pile-specialist in Chicago, a more ingenious advertiser than operator. He practiced this treatment some time in the years 1874 or 1875; but long before this Mr. Wm. Colles, Surgeon to St. Stephen's Hospital, Dublin, considering the similarity of hemorrhoidal tumors to nevus in children, and noting that Mr. Lloyd had in 1836 injected various fluids for the removal of nevi, conceived the idea of injecting the pile after the same manner. He says, "The hemorrhoids being protruded, I injected about twenty minims of the ordinary tincture of iron into each hemorrhoidal tumor by means of a hypodermic syringe, which caused but little pain. Four weeks afterward the rectum was examined by means of a speculum, and no trace of the tumors could be found, except three nodules of hardened mucous membrane, each about the size of a shriveled currant."

Bodenhamer, of New York, has within the last two years treated five cases of piles by injections. In all of these the results were most unfavorable. One of the patients had an anal abscess and fistula to follow the injection; another had anal fissure and abscess; two had anal fissure of an aggravated kind, doubtless caused by the escape of the carbolic acid into the rectum through the orifice made by the needle. In the fifth case the injection was followed by extensive sloughing of the submucous cellular tissue. In each of these cases he subsequently removed the tumors by ligation.

At our last meeting I reported a case occurring in the practice of an eclectic, in which but one injection of carbolic acid was made. The result, however, was a dislodgment of a part of the clot, its subsequent plugging up of one of the pulmonary arteries, causing embolic pneumonia, from which the patient was confined to the bed for nearly four months. He recovered so as to be able to attend to his business with difficulty, but is now in a miserable condition. He has also a chronic ulcer, which no doubt was the result of the escape of the carbolic acid into the rectum. Not-

withstanding all this torment, he did not get rid of the tumor until I completed the operation by ligation.

Though at one time it bade fair to become a popular mode of treatment, the injection of irritating fluids into piles is too uncertain and dangerous an operation for common practice.

It is to the ligature that we must look for a certain, safe, speedy, and permanent cure of "the piles." This operation, antedating as it does four hundred years B. C., comes down to us with but little change. While other measures, therapeutic and operative, have been in perpetual fluctuation, ligation has stood the test of ages, and still maintains its superiority over all other methods for the removal of hemorrhoidal tumors as being more simple, safe, rational, and effectual, and as having at the present day the recommendation of surgeons every where.

The use of the ligature in the treatment of hemorrhoidal tumors Bodenhamer dates back to the time of Hippocrates, who directs that hemorrhoids should be transfixed by a needle and tied with a thick woollen thread; for thus, says he, the cure will be more likely to be effected. Galen recommends the ligature in the treatment of piles. After the tumor has been ligated as directed by Hippocrates, he advises that it be excised outside of the ligature. Paulus Ægineta also recommends the ligation of hemorrhoidal tumors. Previous to the operation he directs that the bowels be evacuated by repeated clysters, in order to irritate the anus and render it disposed to eversion and the rectum to protrusion. He then directs that the patient be placed upon his back in a clear light, and that a thick thread be passed round the lips of each tumor, leaving one as an outlet for the superfluous blood. This last direction was given by Hippocrates also. Celsus advises the use of the ligature in certain cases. He says, "If the varix or hemorrhoid be small and have a slender base, it should be tied a little above the part." When it is large, with a broad base, he directs that it be taken hold of by one or two hooks and excised a little above the base; neither must any part of the head be left nor any part of the anus be taken away. This may be accomplished by drawing the hooks neither too much nor too little. When the excision has been made a needle must be passed through the orifice of the vein or amputated varix, and below this a ligature should be applied. Albucasis preferred excision and burning;

*Read before the Mitchell (Ind.) District Medical Society, December 29, 1881.

but if the patient objected to so severe a measure, he then had recourse to ligation. Rhazes, the great Arabian physician of the tenth century, advocated the ligation of hemorrhoidal tumors.

It would seem that most ancient authorities were favorable to the ligature. Coming down to more modern times, Heister always employed and recommended the ligature, and Mr. Pott preferred it to any other method of removing piles. It is well known how decided Sir Astly Cooper was in his condemnation of excision and in his testimony to the safety and superiority of ligation. Sir Charles Bell says, "The operation for hemorrhoidal tumors by the scissors or knife is incomplete unless the whole diseased part is taken away and the extremity of the rectum consolidated by inflammation. This indication is best fulfilled," he says, "by the use of the ligature, which is the best method of exciting the necessary inflammation, and is the safest and most convenient of all known methods." Sir Benjamin C. Brodie, when speaking of the ligation of hemorrhoidal tumors, said, "I conceive that it is not only one of the most effectual, but one of the safest operations in surgery." Mr. Quain, with great success and satisfaction, always employed the ligature. John Darby would first ligate and then clip with scissors the part external to the ligature. Bodenhamer, of New York, says of ligation, "In my opinion, if it is judiciously performed it is the mildest, safest, most certain, and most effectual of all known methods."

I have devised a modification of an operation practiced by Bodenhamer, which has as yet in no case failed me. I will describe it briefly. In the first place, the tumor to be ligated, as a general rule, must not be seized with a tenaculum or forceps and pulled down; for if this is done, a portion of the mucous membrane of the rectum to which the tumor adheres also comes down with it, and is therefore almost certain to be included in the grasp of the ligature. Hence the additional pain, the protracted suffering, and the more or less ulceration which necessarily follow; for the operator can not distinguish the true base of the tumor when drawn in this manner, because all the parts have generally the same appearance. Have the patient simply to bring the tumor into view by efforts at defecation, facilitated, if necessary, by a relaxing enema. If these means should fail, use a bivalve anal speculum, introducing and arranging it in such a manner that the tumor shall fall between

its blades. Then with a suitable instrument the tumor can be tied within the rectum quite as easily as if it were extruded or an external tumor. Use a fine, soft, silk ligature, well waxed, with scarcely any twist in it; for you will observe that in proportion to the size, the hardness, or stiffness of the ligature, will be the pain occasioned by it. Furthermore, a fine ligature will cut its way through much sooner than a coarser one. Adjust the ligature so as to exclude every thing but the tumor itself, and draw it only so tight as to cut off the circulation, *nothing more nor less*. In drawing the ligature, the appearance of the tumor will let you know when the proper degree of tension has been reached. When the tumor is very large, or too large for one ligature, divide it into two or more sections, and multiply the ligatures so as to include but a small portion of the tumor in each. When any part of the tumor is covered with skin or muco-cutaneous tissue, incise this upon the same circle which is to receive the ligature afterward. By this means much suffering is avoided. When the patient objects to the knife, if the tumor be external, ligate subcutaneously. This will cause it to shrivel and disappear gradually.

The subcutaneous ligation of external hemorrhoids consists in encircling the base of the tumor with a ligature passed immediately beneath the skin. This is accomplished by the use of a proper needle describing a considerable curve, with which the tumor is punctured at a suitable place, the ligature being carried under the skin half around the pile. The needle is then to be brought out at this point, reintroduced at the point of exit, and carried around the other half to the original point of entrance, when the ligature may be tied. If the tumor is large it may be divided into two or more sections, as before described. This is the operation which is sometimes employed in the removal of nevi.

The best time for the performance of the operation is when the tumors are in a quiescent state. I do not consider it good practice to operate when the tumors are quite irritable or inflamed. It often occurs that among several tumors which are in a quiescent state there may be one found which is highly sensitive. This may be distinguished easily from the rest by its florid appearance or by its being tense and painful under pressure. If the operation is performed when the piles are in this condition the local pain and general suffering will be greatly increased.

To subdue inflammation I sometimes paint the tumor with a solution of nitrate of silver (ten or fifteen grains to an ounce of water). Two or three applications in as many days will be sufficient. A dose of sulphate of magnesia on retiring will also in some cases be found effective.

COLUMBUS, IND.

Correspondence.

A DISPLACED UTERUS.

Editors Louisville Medical News:

On last Sunday morning I was called in haste to see a woman about two and a half miles from this place. On my arrival there I found the patient, a married woman, aged about thirty, in great pain and distress. She complained of pain and tenderness in the region of the bladder, and was compelled to pass urine every few minutes. She passed only very small quantities at a time, and that was mixed with mucus and blood. The bowels were constipated. She complained also of pain in the back and loins.

From the symptoms I suspected uterine trouble, and upon making a digital examination I found the uterus very low in the pelvis and lying in such a position as to interfere with the functions of both the bladder and the bowels. I passed a catheter into the bladder and drew off a large quantity of urine, which had been accumulating for several days. I then elevated her hips and restored the uterus to its proper position. The greatest difficulty I found was to keep it in place. Having nothing suitable at hand, I improvised a pessary from the bulb of an old syringe, which I was glad to find answered my purpose admirably.

On returning next morning I found the bladder still very irritable, with indications of cystitis. I made a strong solution of nitrate silver, which I injected into the bladder, and afterward washed out the viscus with warm water in the same manner. Several clots of blood and mucus were discharged, and relief followed soon afterward. Since then the patient has been doing well.

W. H. LEWIS, M.D.

GRAYSONVILLE, MO., June 2, 1882.

A post-graduate's course will begin next spring in the Louisville University.

BULLETIN OF THE NATIONAL BOARD OF HEALTH.

Editors Louisville Medical News:

Insufficient provision having been made in the Sundry Civil Appropriation Bill for the year ending 30th of June, 1883, for the proper continuance of the duties of the National Board of Health, you are respectfully notified that the publication of the Bulletin will be at once suspended should the bill pass as reported to the House.

T. J. TURNER,
Sec'y Nat'l Board of Health.

WASHINGTON, D. C., July 1, 1882.

Pharmaceutical.

WE are in receipt of specimens of the following preparations from the well-known house of Fairchild Bros. & Foster, 60 Fulton St., New York: Extractum pancreatis, pepsin in scales, modified Warburg's tincture, and phosphorized elixir of calisaya and iron. These preparations are brought out in the style of the highest pharmaceutical art, and present claims to the physician's consideration which a fair trial will certainly substantiate.

The idea of dispensing pepsin and the pancreatic ferments without some menstruum is new, and deserves the thoughtful consideration of the physician.

In the Warburg's tincture the alkaloids of cinchonia sulphate and cinchonidia sulphate with purified chinoidine, of each three and one fifth grains to the fluid ounce, have been substituted for the more expensive quinia sulphate, thus enabling the dispenser to sell this valuable and celebrated preparation at the low price of twenty-five cents an ounce. When the reduced price is taken into account, the substitution of the cheaper alkaloids for quinia will not be regarded as a disadvantage by physicians who have tested the efficacy of these alkaloids in general practice, since experience proves that in the great majority of cases they are competent to cure malarial affections with great promptness and with satisfaction to both patient and physician.

In the phosphorized elixir of calisaya and iron we have a most agreeable form for the administration of phosphorus, the demand for which as a therapeutic agent grows daily with the physician's practice.

See advertising page 4.

Books and Pamphlets.

PLASTIC SPLINTS IN SURGERY. By Samuel N. Nelson, A.B., M.D., of Boston, Mass. Reprint.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, VOL. VI, FOR THE YEAR 1881. Philadelphia: Henry C. Lea's Son & Co. 1882.

ON GENITAL RENOVATION BY KOLPOSTENOTOMY AND KOLPOECPETASIS IN URINARY AND FECAL FISTULES. By Nathan Bozeman, M.D., New York. Reprint from Gynecological Transactions, Vol. VI, 1882.

THE ASYLUM SUPERINTENDENTS ON THE NEEDS OF THE INSANE, WITH STATISTICS OF INSANITY IN THE UNITED STATES. By C. L. Dana, A.M., M.D., Professor of Physiology in the Woman's Medical College of New York, etc. Reprint.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, etc. Third edition, revised and enlarged. Philadelphia: J. B. Lippincott. 1882.

DOUBLE IRRIGATION- AND DRAINAGE-TUBES; UTERINE DILATATION BY ELASTIC FORCE; THE CURE OF HERNIA BY THE ANTISEPTIC USE OF ANIMAL LIGATURE. By Henry C. Marcy, A.M., M.D., Boston, U. S. A., Member of the International Medical Congress, Member of the British Medical Association, etc. Reprint. London: J. H. Klockmann, 2 Langham Place. 1881.

THE LIFE, TIMES, AND TREACHEROUS DEATH OF JESSE JAMES. By Frank Triplett. St. Louis, Mo.: J. H. Chambers & Co. 1882.

The character of Mr. James, when viewed from the standpoint of peace and high civilization, may be regarded as somewhat eccentric; and since the gentleman has passed into another state of existence, it may be safe to suggest that his heroism is scarcely of the kind which should serve as a model for the imitation of the youth of the rising generation.

SECOND ANNUAL REPORT OF THE ASTRONOMER IN CHARGE OF THE HOROLOGICAL AND THERMOMETRIC BUREAUS IN THE OBSERVATORY OF YALE COLLEGE, 1881-1882. Presented to the director of the Observatory, June 15, 1882, by Leonard Waldo. New Haven: Tuttle, Moorehouse & Taylor.

It seems that the Thermometric Bureau is vigorously pushing its work of reform among the thermometers, and that the physicians in particular are in large numbers securing the luxury of a correct instrument by availing themselves of the privilege so kindly extended to them by this bureau in 1880. The report on this point shows that during the year ending with June, 1881, sixteen hundred and sixty-seven physicians' thermometers had been examined and corrected; and that during the year ending with June, 1882, thirty-eight hundred and eleven (more than twice the former number) had been submitted to the same process. Any physician may have his thermometer tested and corrected by sending it, with half a dollar, to the observatory.

Formulary.

FERRIC TARTARO-ALOETATE.

Carlo Pavesi describes a preparation thus named, which he asserts to be free from bitterness and inky taste as well as highly soluble. The method of preparation is as follows: Take—

Socotrine aloes in powder.....	2 parts;
Tartaric acid.....	1 part;
Recently-prepared hydrated sesquioxide of iron.....	1 part;
Fine iron filings.....	$\frac{1}{2}$ part;
Water.....	q. s.

Put the aloes, tartaric acid, sesquioxide, and filings into a porcelain vessel with enough water to make a thin paste; heat at a temperature of 50° or 60° C. for fifteen minutes and set aside for five or six days; then add small quantities of water, taking care to stir up the mass between each addition. Filter through paper. The clear liquid obtained, which has a yellowish-brown color, is then to be dried at a low heat on large slabs, and the evaporated product is the tartaro-aloetate. It must be kept in stoppered bottles. The preparation is likely to be of use with fastidious patients who need iron and aloes in soluble form.—*L'Imparziale; London Pract.*

ARTIFICIAL LEMONADE.

Loaf-sugar.....	2 lbs.;
Tartaric acid.....	$\frac{1}{2}$ oz.;
Essence of lemon.....	30 drops;
Essence of almonds.....	20 “

Dissolve the tartaric acid in two pints of hot water, add the sugar, and lastly the lemon and almonds; stir well, cover with a cloth, and leave until cold. Two tablespoonfuls to a tumblerful of cold water will make an excellent drink; more refreshing, indeed, say those who have tried it, than either ginger beer or ordinary lemonade, while the cost is considerably less. The addition of a very little bicarbonate of potash to each tumblerful just before drinking will give a wholesome effervescing drink.—*Scientific American.*

PILLS FOR DYSPEPSIA.

The following is from good authority:

Diastase.....	10 parts;
Pepsin.....	50 “
Extract of gentian.....	50 “
Tartaric acid.....	50 “
Powdered rhubarb.....	50 “
Gentian.....	q. s.

Divide into three-grain pills, and silver, if desired. Dose, two to three pills shortly before meals.—*Boston Jour. of Chem.*

STOKES'S LINIMENT.

The Druggists Circular gives the following as the formula for this liniment as prepared in the New York Hospital:

Oil of turpentine.....	fl.℥ iij; 90.00 fl.Gm.;
Stronger acetic acid.....	℥ iv; 16.00 fl.Gm.;
Oil of lemon.....	℥ j; 4.00 fl.Gm.;
The yolk of one egg;	
Water.....	fl.℥ iij; 90.00 fl.Gm.
Mix.	

Selections.

Dialyzed Iron in the Treatment of Arsenical Poisoning.—Dialyzed iron is a well known antidote for arsenic in the stomach, having an action identical with that of hydrated sesquioxide of iron. The following extract from a letter to the Medical and Surgical Reporter by A. M. Bullard, M.D., of Wickes, M. T., shows that it is also competent to relieve the systemic effects produced by the poison after absorption into the general circulation:

In the smelting of lead and silver ores one of the worst features is the constant inhalation of arsenical fumes. When first employed by the Alta Montana Company to take charge of their hospital, a number of cases of arsenical poisoning came under my observation, and they were the more difficult to treat on account of their complication with "leading." I tried the various remedies recommended for such cases, but with poor results. At times I felt that old saying, "Throw physic to the dogs," was but too true and applicable. At last I was led to try dialyzed iron, and was met in all cases with most gratifying success, as is evidenced by the following cases:

Two carpenters were engaged in roofing a portion of the smelting building, and were in such a position that the wind carried the fumes into their faces. Some workmen below noticed one of the men swaying to and fro, and about ready to fall, while the other was laboring hard to reach the ground. They were helped to the hospital, and were suffering with severe pain in stomach and bowels, nausea, vomiting, vertigo, and with a profuse "nose-bleed," tremor in lower limbs, and almost prostration. A wineglassful of dialyzed iron was given immediately. The nausea ceased, and at the end of one hour the men were able to walk to their cabins, carrying with them a bottle of the iron, to be taken in dram doses every half hour. At the end of twenty-four hours they complained only of weakness, such as would result from a severe diarrhœa. The second day they resumed work, entirely free from all pain and effects of the arsenic.

A number of men employed about the smelting furnace, and especially in dipping the molten lead, have been apparently prostrated from the effects of the fumes, and were in every case relieved by dialyzed iron. A mild purgative was given within twelve hours. I have recommended and, indeed, insisted on every man who is exposed to the arsenical fumes taking a dose of the iron daily. The consequence has been that we have had but one case of poisoning needing hospital treatment; and this one insisted that his case was one of "indigestion and dyspepsia," and would take nothing till compelled to enter the hospital, where, under the administration of dialyzed iron, he speedily recovered.

In the past two years I think I am safe in saying that fully two hundred cases of arsenical poisoning have been cured in this camp by dialyzed iron. I could cite any or all of them, with symptoms, treatment, etc., but I think it unnecessary, as they so nearly resemble those already mentioned; suffice it to say that all experienced the nausea, griping, vomiting, muscular tremor, etc. I have given the iron in half-ounce doses, three times daily, with no constitutional disturbances whatever, even after ten and often twenty days' administration. The teeth are not dis-

colored, bowels not constipated, and digestion not deranged.

The men have learned its virtues, and come regularly with "please fill my iron bottle again." They will not do without it any more than an Irishman will do without his "salts and senna." It has saved many a man his wages and many a day of sickness. In fact, I feel convinced that this preparation is indispensable where men are liable to inhale the fumes of arsenic.

Without a remedy of this kind, I am satisfied no man, however strong, could inhale the fumes incident to smelting, where the ores contain arsenic, and stand it more than three or four days. The preparation which I have used, and to the good effects of which I can testify, is Wyeth's, of Philadelphia.

Headaches in Children.—When a child complains of headache our most careful scrutiny is demanded, and if it be too young to describe its sufferings its manner and appearance are highly suggestive of some cerebral disturbance. Look at the little child of some ten or twelve months old, who is well developed and comes of healthy parents. There is the excitement of dentition, and the little thing is observed to put its tiny hand to its head; which it rolls, perhaps, from side to side, and the anxious mother at last detects a slight irregularity in the muscular movements of the eyeball. Reflex nervous irritation is conveyed through the fifth nerve to the brain, and irritation so awakened may be followed at any moment by a convulsion. The child is wakeful, uneasy, and restless. The brain, so needful of rest at this early period of life, is susceptible of mischief. I think there is hardly a practitioner among us who on looking back has not, in the course of his early experience, had reason to think he has overlooked these significant symptoms, and at the same time felt surprise at having neglected them. Habitual headaches in older children indicate an exhausted and irritable brain, and if intellectual exertion be carried too far in such cases mischief is likely to ensue. It seems extraordinary that educated men who have the care of young persons should not see this danger in the anemia produced by over-study, the irritability and excitability of manner, and the impossibility of concentration, so necessary to the accomplishment of any undertaking. If intellectual exertion be carried beyond a certain point the brain becomes anemic, fatigued, and the nutrition in the ganglionic cells of the cortex becomes impaired, diseased, or in some way altered from health. Whatever may be the exact change in these cells, due perhaps in a great measure to the absence of healthy blood, the inference is most probably correct that children so suffering can not readily grasp new ideas; and if strong and powerful efforts are put forward in this direction the knowledge is not retained, the object is frustrated, one idea is mixed up with another, and confusion results. This, I apprehend, is just enough to illustrate the grand problem that the body must be looked to as well as the mind; and the younger the child, the greater is the necessity for the delay of intellectual training. And it does strike one as very extraordinary that the nervous system, which is the last to attain complete development, should be the first to be overtaxed in this age of forcing and strain, when revolutionary ideas are apt to overrule the judgment. It is not that the moderate exercise of the brain in early life is injurious; on the contrary, it is conducive to health. The mind is then flexible and plastic, im-

pressions are enduring, and habits of concentration are easily acquired. It is the premature and excessive exercise of it which is prejudicial when the bodily powers need the chief attention.

No rigid rules, no cast-iron system, will do for the training of all children. All are not cast in the same mold. Any system of education must be elastic, since mediocrity is the rule; and if more be expected of some children whose physical development is at the same time feeble, then disease or premature ill health is the consequence.

Headaches are often *hereditary*. They have attacked children of the same family who have been brought up at a distance from one another, and whose surroundings have been quite different. In such cases there is something peculiar in the nervous system itself—a tendency to nervous disease. It will, I think, be often found on inquiry that the parents of such children are liable to nervous disease, nervous exhaustion, paralysis, etc., and perhaps some children of the family have had epilepsy, chorea, or asthma. In many instances too there is some faulty condition of the blood. The brain, badly nourished through a scanty supply of blood, and that poor in quality, loses its balance and can not resume its tone.

I will now briefly allude to some of the varieties of headache in children. *Neuralgic* headache (one-sided headache) is not a very common type in children, but it oftener occurs than is generally supposed. So far as my experience goes, it has been met with chiefly among *three* classes of children: 1. Those of the neurosal temperament, whose nervous system is easily fretted, excited, and therefore sooner exhausted. If such children are pressed too much with their studies, then they the more readily suffer. Any degree of intellectual exertion is exciting to children of timid and delicate constitution, who are not only too anxious to learn, but can not throw their studies off the mind. 2. Those children who have been reduced by some long and exhausting illness, in-door confinement, and bad air. 3. Those born of delicate parents, and who are badly fed.—*W. H. Day, M.D., in Medical Press and Circular.*

The Eruptions Caused by Quinine.—Some months ago Van Harlingen published, in the Archives of Dermatology, an elaborate account of all the medicinal eruptions. Five distinct effects in the skin are produced by quinine and the cinchona compounds: (1) Erythematous, or scarlatiniform eruption; (2) papular; (3) urticaria; (4) purpuric; and (5) irritation of the skin of the genitals. Of these, the erythema seems to be the one most frequently met with, and from several late articles upon this subject it may be inferred that this phenomenon depends more upon idiosyncrasy of the patient than upon the large dose of the drug.

The following case resembles an ordinary attack of scarlatina: Prof. Kobner, Berlin (*Klin. Wochen.*), prescribed quinine for a man who was suffering from bronchitis. In two hours he had a violent rigor, a feeling of suffocation, severe headache, nausea, and vomiting. Two hours later another short rigor, followed by a burning sensation, at first in the head and then all over the body. These phenomena occurred about 8 P.M. The next morning there was fever, an itching eruption over the whole body, difficulty of swallowing, and dryness of the throat. The eruption was of a deep red tint, disappearing momentarily on pressure. Face swollen, conjunctiva injected, nasal mucous membrane dry. There were large papules

upon the thighs, surrounded by healthy skin. Pulse 108, temperature of skin elevated, respiration calm, tongue slightly tremulous, moist, posterior walls of the pharynx very red and injected, rest of the mouth normal. This certainly looked like scarlatina, but previously to this time the patient had had two similar attacks as the result of taking quinine. The eruption was considered by the physicians attending as scarlatina, and was each time followed by desquamation.

Dr. Gilliam, in the same journal, relates how he prescribed quinine, in three- or four-grain doses, for a boy about fifteen years old. In a few hours the patient was found with intense congestion of the conjunctiva, edema of the face and limbs, and a bright erythematous eruption of the whole surface of the body, and complaining of terrible burning and itching. Subsequently the administration of quinine on two occasions produced the same symptoms.—*R. L. McDonell, M.D., in Canadian Journal of Medical Science.*

Oleoresin of Male Fern: Increasing its Efficacy against Tapeworm.—According to E. Dietrich, the frequent failure of oleoresin of male fern as a remedy against tapeworm is to be ascribed to its irrational administration. It has become known that the popular "worm-doctors," who use almost exclusively the oleoresin of male fern, and who hardly ever meet with a failure, administer the remedy in conjunction with castor oil, instead of following it by the oil after one or two hours, as is usually done by practitioners. The object is to bring the extract, in an unaltered or undigested condition, in contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor oil have been very successful, and this mode of administration deserves therefore the preference. Oleoresin of male fern is apt to derange the stomach, and when enveloped partly in the oil is likely to pass it more rapidly, which constitutes another advantage. The mixture has, it is true, an unpleasant taste. This may, however, be disguised by filling it in capsules of about three grams (forty-five grains) each. The dose may be regulated from six capsules (equal to six grams or ninety grains of the oleoresin and twelve grams of castor oil) to seven or eight more, according to circumstances. It is advisable to empty the bowels on the preceding day by a mild purgative, best by castor oil.—*New Remedies.*

Sugar and Sugar-forming Ferments in Pleuritic Fluids.—Dr. Eichhorst drew off by paracentesis from a boy of twelve an unusually limpid, colorless exudation which gave no sign of containing sugar when tested with Fehling's solution. After twenty-four hours the test-tubes, which had by chance been allowed to stand, showed that a remarkably strong reduction had taken place. Sugar had been developed in an exudation previously free from it. This led to the examination of seventeen specimens of serous liquid drawn from the pleura. Tested immediately after they were removed the analysis showed that ten contained sugar, two contained no sugar but contained sugar-ferment, and five contained no sugar and no ferment. The duration of the disease seemed to have no influence on the occurrence of sugar. In three cases sugar was present on the third, fourth, and eighth days respectively; in another sugar was absent though the disease had already existed for three months.—*Med. Chir. Rund.; London Pract.*

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNĀ.*"

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LOUISVILLE, JULY 29, 1882.

No. 5.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

HOMEOPATHY IN THE ARMY.

The manager of the guns of the homeopathic department of the Louisville Courier-Journal has opened fire upon the Medical Department of the army because, forsooth, the Surgeon-general, in a short and sensible letter to the Secretary of War, states his objection to the admission to examination for the army of avowed advocates of any of the exclusive schools of medicine. The C.-J. comments on the situation as follows:

As there is nothing in the regulations of the Government which requires an applicant for a surgeonship to belong to the allopathic school of medicine, it is an interesting inquiry to make as to what right Dr. Barnes has to lay down rules for candidates. Dr. Barnes can, as a member of the American Medical Association, help to pass resolutions declaring it to be an unpardonable sin for an allopathic practitioner to breathe the same air with a homeopath, and denouncing homeopaths and practitioners in all other schools as imposters, but as Surgeon-general of the army he can not bring forward professional prejudices legitimately to exclude any fully competent practitioner from the army. The fact that one school of medicine has secured control of all medical positions in the army and navy does not give those officers any right to say that no one unconnected with their school shall practice in the army. The Government makes no such distinction, and Surgeon-general Barnes, a servant of the Government, a servant of the public, has no right to assume authority to make such distinction.

Dr. Barnes's position is both loyal and logical, since he owes allegiance to his profession as well as to the Government—as a good soldier he could not favor the enlarge-

ment of his country's foes; as a good doctor he can not counsel the advancement of the enemies of scientific medicine.

The name under which the officers of the U. S. army and naval medical corps are received is surgeon, not physician; and the conspicuous absence of skill in this department shown by the homeopaths, and their failure to contribute to its advancement, prove the inapplicability of their principles to surgery proper, and the ineligibility of the *bona fide* homeopathist to a position on the army medical staff. 'Tis true that the army-surgeon is expected to be also a physician, since he is called upon constantly to treat diseases of a non-surgical character, but this is secondary to his surgical function.

Even if medical practice were the chief work of the medical officer, and homeopathy were what it claims to be, a wise government might be expected to hesitate before loading its medical corps with men who believe in the power of drugs to cure disease in doses of one decillionth of a grain; and who, pinning their faith to the dictum of *similia similibus curantur*, would, if true to their colors, be compelled to prescribe the bacillus malarix for intermittent fevers, and send the men to sleep in the infected localities for the relief of cholera and yellow fever. It is easy to see how pernicious such a set of ultra-theorists might be in time of war, if their therapeutic vagaries were carried into surgery upon such an occasion. Fancy a "homeopathic surgeon" upon the battle-field—drawing more blood to relieve the thirst of some poor soldier whose tongue is already parched as a result of hemorrhage

from his wounds; treating fracture by breaking the bone in another place, and relieving gunshot-wounds by placing the stricken men in a row, and calling up a file of soldiers to shoot them over again. In the hospital he might be found building fires under the sufferers from surgical fever, applying caustics to burns, tying the main artery of a limb for dry gangrene, and plugging the returning vein for wet.

Of course all this is absurd, but it nevertheless demonstrates the fact that homeopathy and surgery have nothing in common, and suggests what is equally patent to the logical mind, that its principles when applied to the treatment of disease are quite as absurd, and would stand so demonstrated if homeopathy, like spiritualism, did not require darkness for the exercise of its thaumaturgy, and diseases, like most injuries of the body, could be treated in the full light of day.

But it has been shown over and over again that homeopathy is only a name used by those who keep it upon their signs as a catch for public patronage. They have no theory of therapeutics or method of treatment which may not be consistently employed or has not been tested by the regular practitioner, and no dictum which they do not set aside when the good of their patients demands it. Some of them are good general practitioners, and would be taken into fellowship by the supporters of legitimate medicine if they did not use the witchery of a name for gaining favor with the populace. No one understands better than they the magic of their distinctive title; and so long as they can keep it before the public, thus getting themselves talked about in connection with every question that can in any way affect the science of medicine and public health, it will, like any other well-managed advertising scheme, roll the round dollars into their coffers. This is all that homeopathy desires, and the application for admission of its students into the army is but another stroke of the same policy. The young homeopath, if previously

well enough educated to pass the requisite examination, would no doubt, under the influence and training of the eminent surgeons of the army medical corps, become an efficient surgeon, while his own desire for success would soon force him to bring his therapeutics into line with rational medicine. Neither he nor the soldiery would be any the better or the worse for the name under which he trains; but, heavens and earth! what a card it would be for those who wear the badge in civil life.

THE NEW SURGEON-GENERAL OF THE U.S. ARMY.—On the 3d instant Surgeon-general Barnes was placed upon the list of retired army officers, and the President nominated Col. Chas. H. Crane to fill the vacancy thus created. The relief of General Barnes from active service followed naturally under the new army bill recently passed, which provides for the retirement of each officer upon his reaching the age of sixty-four.

General Barnes received his appointment in 1864, and since that time has made good his claim to rank as a surgeon of eminence and an officer of ability, securing not only the regard of the entire army medical corps, but the respect of the profession throughout the country. He goes into retirement leaving the record of a well-spent official life behind him, and with the best wishes of the medical fraternity both in and out of the army. Of his successor the Philadelphia Medical News says:

Dr. Crane is the son of an army officer, and was born in July, 1825. His appointment as Assistant Surgeon in the army dates from February, 1848. He first went with troops to Mexico, and at the close of that war was sent to Florida, where he served in the Seminole war. In 1852 he was transferred to the Pacific coast, where he was stationed till 1856, when he was placed on duty in New York, where he remained till the end of 1861. He then became Medical Director in the Department of the South, and so continued until the fall of 1863, when he was placed on duty in the Surgeon-general's office at Washington. At the close of the war, in the organization of the Medical Department, he was made Assistant Surgeon-general, which office he has held up to the

present time, discharging its duties to the satisfaction of all concerned. The Medical Department of the army is to be congratulated upon the selection for its chief of a gentleman who has been so thoroughly identified with it, and who so fully understands its organization and wants.

THE NEW YORK CODE.—The Jefferson, Oneida, Seneca, and Chautauqua County (N. Y.) medical societies, at their late meetings, repudiated the State Society's new code, and reaffirmed their allegiance to the National Code. The societies of Clinton and Tompkins counties have adopted the new code. The statistics so far as heard from stand twenty-eight counties against the new code to two in favor of it.—*Phila. Med. News.*

This shows clearly the sentiment of the physicians of the State of New York regarding this monstrosity, which, though begotten by the New York City specialists, they have been called upon to father; and it is believed that at the next meeting of the State Society the profession of New York will repudiate the new code. It remains, however, to be seen whether the city will not do in medical what she has so often done in State and national politics, and send up to the State Society a delegation of sufficient strength to outvote the physicians of the State.

MISCELLANY.

OLD AND NEW METHODS OF MEDICATION. The treatment by hypodermic injections has enabled the physician to stay the anguish of dyspnea and arrest the thrills of neuralgia, as the harper stills the quivering cords of his instrument by laying his hand against them. Old measures of treatment have fallen into disuse. Bleeding is almost a lost art, so rarely is it employed. Medicines once in daily request, such as antimonials and mercurials, have taken the back shelves, and left others, the iodides and bromides, especially, in the foreground. Sulphur, "once so prominent," says Mr. Metcalf, "in medicine and theology [is] now almost eliminated from both." "Fifty years ago," he says, "it came at this season into almost every family, like any other form of spring-cleaning, and with the same disagreeable results." I need not say how much has been effected in the way

of rendering drugs less odious to the smell and taste. Happy the child born since the days of "brimstone and molasses." Who has not sickened in anticipation at the very name of ipecac, and felt his whole life embittered by the flavor of rhubarb!—*Holmes; Boston Med. and Surg. Journal.*

VIVISECTION.—Leaving the practical side of medical science for a moment, I will barely allude to the results obtained in physiology by the invention of instruments of precision, like those of Marey, for instance, and the skillful use of vivisection—a mode of acquiring knowledge justifiable in its proper use, odious beyond measure in its abuse, but not a proper subject of censure to the sportsman who mangles the bird he does not bag, to the fisherman who takes a hundred trout when he does not want more than a dozen, to the huntsman who runs down a fox or a hare until, when he can drag himself no farther, he is torn to pieces by the hounds; nay, to the man who asks the blessing of God on what is before him and swallows a dozen living oysters, unless he prefers them as they come from the gridiron, where they have died by the martyrdom of the broiled St. Lawrence.—*Ibid.*

DIFFERENTIAL DIAGNOSIS OF TYPHOID FEVER AND TUBERCULAR MENINGITIS.—A similarity of symptoms exists between typhoid fever and tubercular meningitis, and the differential diagnosis is frequently made with difficulty. In a communication to the Philadelphia Med. Times Dr. Lambert Ott formulates their differential diagnosis, and calls attention to a symptom not previously mentioned—viz. extreme tenderness is elicited on pressing on the femur in tubercular meningitis, whereas in typhoid fever there is no tenderness on pressure. It is well to recollect the diagnostic sign of Robin—viz. in typhoid fever indican and albumen are present in the urine; in meningitis urohematin, but no indican or albumen, is present in the urine.
J. B. M.

By request Dr. Koch recently demonstrated the bacillus tuberculosis to the Emperor of Germany, and explained his views of the pathology of tubercle.

A LETTER from Canton informs the Phila. Medical News that Bartholow's Practice of Medicine is undergoing translation into the Chinese language.

THE QUEEN'S WOULD-BE ASSASSIN.—In commenting on the mental state of Roderick Maclean, who made an attempt on the life of Queen Victoria in March, the *Med. Times and Gazette* says:

Could an exhaustive record be prepared of the outrages and intimidation practiced and the impoverishment and misery occasioned during any one year by lunatics at large in this country, there would be an instant demand for more stringent control than now exists over those workers of misery and devastation. The protection of the insane is all very well, but the protection of the sane is the primary consideration, and fortunately the two kinds of protection are not incompatible with each other. Liberty need not be allowed to degenerate into license, and our regard for the freedom of the subject must not lead us to place the sovereign in needless jeopardy, and to allow social explosives to lie scattered through innumerable homes. We have no wish to plead for the incarceration of the lunatics who are now at large; we are in favor of an extension rather than a curtailment of the domiciliary treatment of the insane; but we should insist on a careful selection of those cases which are to be placed under domiciliary treatment, and on a strict registration of all lunatics. A lunatic may be dangerous to the community, like a patient suffering from smallpox or scarlet fever; and if he is to be kept at home or boarded in a private house, his neighbors should have some assurance that proper precautions have been taken that he shall not prove offensive nor cause harm to any one. But it will be impossible to obtain any such assurance until there is compulsory registration of all lunatics, whether kept for profit or not, with competent inspection.

It is admitted on all hands that some lunatics require the restraints of an asylum, while others may go on very well in private homes; but as yet we have no complete system enabling us to *know* that all lunatics are in asylums that ought to be there, and that none are detained in asylums who could conduct themselves with propriety in private homes.

THE EPITHELIA OF THE KIDNEY.—In the June number of the *New York Med. Journal and Obstet. Review* Dr. Henry B. Millard gives an account of his researches in the anatomy of the renal epithelia, and thus sums up the results: 1. The rods discovered by Heidenhain in some varieties of the tu-

buli uriniferi are part and parcel of a reticulum present within every epithelium. 2. The reticulum, including its elongated rod-like or sheath-like formations, is the living matter proper. 3. The relation of the rods to the rest of the reticulum of an epithelial body varies greatly, the variation probably being due to different stages or degrees of secretion. 4. The reticulum, including the rod-like formations, in the inflammatory process, both in catarrhal and in croupous nephritis, gives rise to a new formation of living matter, which results in the new formation of medullary corpuscles or pus corpuscles. 5. The structureless membrane is lined by flat endothelia lying between it and the basis of the epithelia of the urinary tubules. 6. In nephritis the endothelia become considerably enlarged, and in catarrhal as well as in croupous nephritis they line the urinary tubules after the epithelia have been shed or lost; they surround the cast in croupous nephritis after the epithelia have perished in the formation of the cast.

DR. JOHN BROWN.—The world loses one of its genial and helpful spirits by the death of Dr. Jno. Brown, of Edinburgh. Few short papers have ever touched the heart of the world more pathetically than the little story of "Rab and his Friends." The simple pathos of this charming sketch has won its way through the whole reading world, and is likely to confer on its author a long remembrance. Dr. Brown was a large-hearted, large-minded man, who had something of the humane element of John Wilson in him, with far more Christian purpose and character. He was a warm friend of this country, and many Americans cherish recollections of his hospitable home, where they often found him sitting between his two great dogs, of whom he was passionately fond.—*Christian Union*.

HYPODERMIC INJECTIONS OF NITRITE OF AMYL.—Dr. J. Frederic Barnes recommends (*British Med. Jour.*) hypodermic injections of nitrite of amyl. He uses a ten-per-cent solution in rectified spirit. He has used it in thirty or more cases, and has never had any untoward, inflammatory, or suppurative symptoms to ensue. The spirit solution keeps very well. The usual dose is ten minims; the effect is immediate. In lumbago, duodenic colic, and collapse from various causes speedy relief followed the injection of ten to fifteen minims of the above solution.

J. B. M.

CRUSADE AGAINST FASHION.—We admire the courage that has prompted some of the profession to enter upon a public crusade against "fashion," but at the same time we own to many and grave doubts as to the slightest public good resulting therefrom. Nothing, however, can be achieved without a trial, and on Saturday afternoon last Mr. E. Noble Smith, F.R.C.S. Edin., following in the steps of Mr. F. Treves, delivered a lecture at the Hampstead Vestry Hall, in connection with the National Health Society, on Modern Dress and Fashionable Deformities. Mr. T. Spencer Wells presided. The lecturer, whose remarks were illustrated by diagrams, models, etc., dealt with the evils resulting from tight lacing, low-necked dresses, high-heeled, short, and tight boots and shoes, and also pointed out the injurious effects of the present style of ordinary feminine attire, which impeded the free movement of the limbs and muscles, without which perfect health could not exist. He contended that beauty and health alike suffered from the fashions referred to, and commended to the attention of the audience a "divided hygienic skirt" costume made under the auspices of the National Health Society. He also strongly advocated exercise—impossible in fashionable garments of the present day—as a cure for many ills from which ladies were at this time suffering.—*Med. Times and Gaz.*

OMNIVOROUS ECCENTRICITIES.—Mr. Benthall has favored us with the following report of the case of a man whose peculiar feats have attracted much attention: About 11:30 P.M. on May 16th, E. S., a strongly-built laborer, aged thirty, applied at the Derby Infirmary for relief under the following circumstances: He had for some months been in the habit of amusing the frequenters of public-houses, and obtaining money or beer for himself by tearing up with his teeth and swallowing felt hats and newspapers. He had also the power of passing a whole hen's egg into his pharynx, retaining it out of sight for a time, and then returning it. On the night in question he had swallowed a newspaper, and collected four or five penny pieces from the spectators, when it occurred to him to finish the performance by imitating the egg trick with these coins. In doing so, he allowed them to slip down his throat. Being either fearful of the consequences or anxious to regain his money, he produced vomiting by swallowing large draughts of salt and water, but without recovering the coins. He then

sought aid at the infirmary, but made no mention of having swallowed the paper. Taking into consideration the number of the coins and the probable size of the man's gullet, it was thought advisable to try an emetic. The man was therefore given a full meal of porridge, and after an hour's time, when it was hoped the pennies would be enveloped in the food, an emetic was given. Vomiting followed, but there was no welcome chink in the bowl. On examination of the vomit, considerable surprise was excited by the presence of three or four rolls of printed paper three inches long by an inch broad. The emetic having failed to dislodge the coppers, the patient reluctantly consented to remain in the infirmary. He was admitted under the care of Dr. Curganven, and was ordered a meat diet with an astringent mixture to keep the bowels quiet. On the following day he had a taste of copper in his mouth, but no other symptoms. On May 18th he had some uneasy sensations in the stomach and "fainty feelings." On May 23d his bowels had been opened once, the motion was constipated, but otherwise natural. The patient had been wanting to go out for some days, and now became so importunate that he was discharged with a caution to keep quiet. On May 27th he came, stating that the coins had not yet passed. He was ordered an aperient. He has not been to the infirmary since; the result therefore is not known.—*British Med. Journal.*

MICRO-ORGANISMS IN ACUTE PNEUMONIA. Klebs, Ebert, Koch, and Friedlander (Virchow's Archives) have found micro-organisms in croupous pneumonia. They are of very similar size and form, being ellipsoidal in shape, nearly a micromillimeter in length, and one third less in breadth. Thousands can be counted within a single alveolus during the stage of red hepatization. In the majority of cases they are not found in the alveolar or bronchial walls. Sometimes very large numbers are found in the lymph spaces.—*Medical Record.*

MALARIA IN RHODE ISLAND.—This State had been free from malaria for the past fifty years till the summer of 1880. At this time an endemic of intermittent fever occurred at Nyatt. During the past summer Dr. C.V. Chapin tried to estimate the extent of the disease in the city of Providence. He obtained reports of about three hundred cases.—*Ibid.*

CRITERIA OF INSANITY.—One of the pupils of Esquirol asked his teacher to furnish him with a sure criterion for distinguishing the limit that separates reason from insanity. The next day Esquirol invited to dinner his pupil and two individuals, one of whom was most correct in his appearance and in his language, while the other was very loquacious, full of himself, and of his future. When taking leave the pupil reminded his master of the criterion which he asked of him on the previous evening. "Answer the question for yourself," said Esquirol. "You have just taken dinner with a madman and with a sane individual." "O!" answered the pupil, "the problem is not difficult; the sane man was that distinguished and well-informed man; as to the other he was a chatterer and a fool who ought really to be shut up." "Ah!" replied Esquirol, "you are making a great mistake; the one whom you took to be so very wise believes himself to be God the Father, and affects in his manners the reserve and dignity which he believes to belong to his position; he is a patient at Charenton. As to the young man whom you took for a fool, in him you see one of the most illustrious of French authors—he is M. Honoré de Balzac."—*Brit. Med. Journal*.

THE ERGOTIN TREATMENT OF UTERINE TUMORS.—In the July number of the New York Med. Journal and Obstet. Review Dr. William T. Lusk, Professor of Obstetrics in Bellevue Hospital Medical College, relates a case of fibro-myoma of the uterus in which ergotin injections into the subcutaneous tissue of the abdominal wall over the tumor, not into the tumor, resulted in a rapid diminution in the bulk of the growth, at the expense, however, of gangrene of the compressed tumor, ending in fatal septicemia.

DR. CORMACK.—Sir John Rose Cormack, M.D., F.R.S.E., one of the greatest of English surgeons, died on Saturday, May 13th, at his residence in Paris, where he has lived many years. He collected and published his writings in 1876, in two volumes, with the title of Clinical Studies, illustrated by cases observed by him in his large hospital and private practice, many of them curious and all interesting and valuable reading.—*Medical Register*.

CHOLERA has broken out in Japan and in the islands belonging to the Sooloo Archipelago.

Original.

CASES OF POISONING FROM DRINKING IMPURE WATER.

BY JAS. H. HUTCHINSON, M.D.*

One of the Attending Physicians to the Pennsylvania Hospital.

During the past three months I have had under my care at the Pennsylvania Hospital a series of cases which presented a rather unusual set of symptoms, and which possess so much interest that I feel justified in taking up your time this evening with a brief account of them.

The patients were all Germans, and were all employed in a large sugar-refinery in this city at the foot of Bainbridge Street, on the Delaware-River front, where, however, none of them had worked more than two or at most three weeks before the occurrence of the attack. The cases so closely resemble one another that the history of one will suffice for my purpose. I have selected that of the first patient admitted, which was, moreover, much the severest of them all.

R. R., aged twenty-one, born in Germany, unmarried, shoemaker, was admitted into the men's medical ward of Pennsylvania Hospital on January 30, 1882. One of his sisters is said to have died of consumption, but with this exception his family history is good. His own health has always been good until two weeks ago, when without any apparent cause he was seized with diarrhea attended with a good deal of prostration. He has had as many as ten to fourteen stools a day, and has also had at times nausea and vomiting, but is sure that he has never had fever. Yesterday the diarrhea ceased, and he has had no passage since. Upon admission the patient is anemic, and complains of excessive weakness, of vertigo, and of pains in his back and limbs. The tongue is dryish and coated with a thin whitish fur; the appetite poor and the pulse slow; the temperature subnormal, 97°; there is no tympany. Examination of the heart, lungs, and urine gives negative results only. He was ordered a pill containing nitrate of silver (one third grain) and opium (one fourth grain) thrice daily, and placed upon a restricted diet.

February 2d: The patient's bowels have not been moved since his admission; he feels less weak than when admitted; his tongue is also less coated, but his tempera-

* Read May 3, 1882. From advanced sheets of the Transactions of the College of Physicians, Philadelphia.

ture is still subnormal. The use of the pill was discontinued, and he was ordered a teaspoonful of Huxham's tincture three times daily.

February 20th: The patient's bowels are now moved regularly. He does not appear to gain strength; he was therefore ordered cod-liver oil.

March 6th: Discharged cured.

I confess that when this case first came under my care I was puzzled how to explain the symptoms it presented. The presence of excessive prostration, with a history of diarrhea lasting for two weeks, seemed to point to typhoid fever as their most probable cause. Against this hypothesis was the fact that the patient was positive in his assertions that he had not had fever at any time since he was taken sick, that none was present at the time of his admission or subsequently, and that there was no tympany or rose-colored spots. His condition called, however, for a supporting treatment, and I thought it best to restrict his diet to liquid articles of food.

The other cases came in rapid succession, and presented the same symptoms as the first case. There were in all of them prostration, slow compressible and often dicrotic pulse, subnormal temperature, diarrhea sometimes accompanied by slight pain in the bowels, and absence of tympany. This similarity of symptoms appeared to indicate an identity of cause, and it was soon discovered that in addition to having been employed in the same refinery they had been all subjected to an influence which seems to me sufficient to explain the symptoms from which they suffered. It was found upon inquiry that water from the river Delaware is introduced into the refinery for use in cleansing the evaporating pans, and that after being used for this purpose is returned to the river above, although at a considerable distance from, the point at which it is taken.* The water is distributed throughout the building, and, being more accessible to the workmen than the ordinary hydrant-water, is freely used by them for drinking purposes. The water, although said to be filtered before being put to the use before referred to, is, probably, from the presence of organic impurities, unfit to drink.

There can be but little doubt that the use of the water of the Delaware River, contaminated as it must be opposite Bainbridge

*The water is taken from the foot of a long wharf projecting into the river. It is returned at the point nearest the factory. These two points are distant from each other about one hundred and fifty feet.

Street by sewage, was the cause of the singular symptoms observed in the six patients who came under my care. Impure as it was, it did not, however, produce typhoid fever; and my cases show that while impure water may produce prostration as great as that seen in this disease, it will not produce the fever itself unless it contains the specific typhoid germs.

The symptoms presented by these cases seem to have indicated the existence of blood-poisoning rather than of irritation of the bowels. The latter could hardly have existed without the presence of a certain amount of fever. The temperature records will show that at no time in any one of the cases was there any elevation of temperature above the normal. The stools too indicated the existence of relaxation rather than of inflammation. They were rather dark in color and watery, and never presented the ochery, yellow appearance of the stools of typhoid fever. The cases further show that persons may become accustomed to the use of an impure water, or that, at all events, it may cease to excite in them, after a certain time, any active symptoms. It will be remembered that these patients had only recently been employed in the factory, and the effects of drinking the water had shown themselves very soon after they had entered upon their duties. The older hands drank the water with impunity.

The cases all did well, and required little treatment, Hope's camphor mixture being used in most of the cases to check the diarrhea, and quinia or Huxham's tincture as a tonic.

It may be well to add that the attention of the proprietors of the refinery has been called to the supposed cause of the illness of their workmen, and they have taken the proper precaution to prevent the occurrence of further sickness among them by cautioning them against the use of this water for drinking purposes.

I have appended to this paper the histories of the remaining five cases, which I had the opportunity of observing. They are drawn up from notes taken by Dr. J. M. Fox:

CASE II: *Diarrhea with typhoid prostration*.—A. W., aged eighteen; born in Germany, single, baker; admitted March 1, 1882; discharged March 13, 1882, cured. He came to this country last September; has always been very healthy until two weeks ago, when he began feeling weak and miserable, and to have headaches and diarrhea,

which have continued. Upon admission has no fever; temperature subnormal; appetite poor; tongue slightly coated; some hebetude and slight headache; no fullness of abdomen; a few râles heard over apex of right lung; examination of heart and urine negative. Ordered eight grains of quinine daily and liquid diet.

March 2d: Tongue clean; only one passage from bowels; pulse slow, with a tendency to reduplication.

March 3d: Bowels not moved since; no fever; feels much better, but is still rather dull.

March 13th: Continued to improve, and is now well.

CASE III: *Diarrhea with typhoid prostration*.—H. S., aged twenty eight, born in Germany, single, laborer; admitted March 13, 1882; discharged March 20, 1882, cured. Has generally been very healthy. Eight days ago he began to have diarrhea, pain in the stomach and limbs, headache, and vomiting, and these symptoms have continued. Has had as many as twelve loose stools a day. He has been working in a sugar-refinery, and is the third patient who has been admitted from there into the hospital within the last month and a half, with much the same symptoms, except that the prostration of the other two (R. R. and A. W.) was more marked. He says that he has been in the habit of drinking the water pumped from the Delaware, which is very likely the cause of the trouble.

Upon admission patient feels weak and dull; has headache, vomiting, and diarrhea; pulse weak and reduplicated (this was also the case with the other two patients); appetite good; tongue clean. Examination of the heart, lungs, and urine gives negative results. Hope's camphor mixture (one half fluid ounce) was administered as needed.

March 15th: Bowels are still loose and passages are light-colored; no more vomiting; diet has been restricted; camphor mixture was stopped, and powdered opium (one fourth grain) with oxide of silver (one third grain) was given three times daily.

March 19th: Diarrhea has been checked, and he now feels and looks quite well. His temperature since admission has ranged from 98° to 98.5°.

CASE IV: *Diarrhea with typhoid prostration*.—F. S., aged thirty-four, born in Germany, laborer, admitted 17th of April, 1882; discharged April 25, 1882, cured. Has generally been very healthy. Two weeks ago, while working at a sugar-refinery, he was

taken with pain in the bowels and diarrhea, which have continued up to the present time.

On admission patient was somewhat prostrated; has diarrhea and tenderness in the epigastric region; tongue is slightly coated in the center, moist; appetite poor; pulse slow; no fever; heart, lungs, and urine normal. Ordered eight grains quinine daily, Hope's camphor mixture (half fluid ounce) as needed, and liquid diet.

April 20th: Diarrhea has been checked, and he feels much better.

April 25th: Feels very well; bowels regular; appetite good. The temperature has ranged from 98° to 98.5°.

CASE V: *Diarrhea with typhoid prostration*.—M. Z., aged twenty-nine, born in Germany, laborer, admitted April 17, 1882; discharged April 25, 1882, cured. Eight days ago, while working at a sugar-refinery, he began having diarrhea and pain in the bowels, and these have continued up to the present time.

On admission his face is slightly flushed, and he has a typhoid appearance; is somewhat prostrated; tongue coated in center, moist; pulse slow; bowels were opened six times during the night. He has no fever, and there is no fullness of the abdomen. Examination of heart, lungs, and urine gives negative results. Ordered Hope's camphor mixture, one half fluid ounce to be given as needed; eight grains quinine daily, and liquid diet.

April 23d: Feels very well; bowels regular; no pain; appetite is good. Temperature has ranged from 98° to 98.5°.

CASE VI: *Diarrhea with typhoid prostration*.—M. W., aged nineteen, born in Germany, single, laborer; admitted April 24, 1882; discharged April 29, 1882, cured. He has generally been very healthy. Came to this country eight months ago. Two weeks ago he began working at a sugar-refinery. About a week ago he was taken with diarrhea, which has since become worse; has not had any nausea or pain.

Upon admission patient is slightly prostrated; face flushed; temperature also subnormal, 98°; tongue slightly furred, moist; the pulse slow; appetite poor; bowels loose. Examination of heart, lungs, and urine give negative results. Ordered Hope's camphor mixture, one half fluid ounce to be given as needed.

April 29th: Diarrhea has been checked, appetite has improved, and he seems very well again.

PHILADELPHIA.

Correspondence.

A GREATER SUFFERER THAN JOB.

Editors Louisville Medical News:

About eight months ago I was called to see Mr. R. B. McK. I found him in bed suffering, as he expressed it, the "torments of the damned." On examination I found the prepuce enormously swollen and inflamed. Oozing from the meatus was a thick, creamy pus, while as much of the glans penis as I could expose was of a deep red color and distinctly hot to the touch—a true picture of an aggravated case of clap. Further examination disclosed an epididymitis of the left testicle. This young gentleman had been treated by one of those sharks of the profession who advertise in the papers as "a regular graduate of thirty years' experience, consultation strictly private." I directed that the penis be bathed in *hot* water every two hours. I also directed that a small quantity of liq. plumb. subacet. dil. should be added to each bath. I painted the testicle with a solution of iodoform (℞. Iodoformæ ʒss, ether. sulph. ʒi). At the end of three days the swelling was almost *nil*, and at the end of twelve days, through the efficiency of mild injections and an occasional cathartic, I discharged him cured.

Two weeks afterward he came into my office complaining that he could not pass his water as freely as he did before he had gonorrhea. On examination I discovered a slight stricture one inch and a third from external meatus. After a week's treatment, during which time several venereal warts made their appearance and were removed by me, he expressed himself well and went his way.

I did not see him again for a month, when he turned up with two large chancroids on the body of his penis. These yielded readily to treatment. I jokingly informed him that if he ever came to me again I would amputate the entire organ. He left the city on a tour, and on his return met me in the street, and inquired if I was ready to perform that amputation, for he had "got it again." He called upon me next morning, when I found on examination the following condition of things: Back of the corona and on the dorsal surface of his penis there was a well-defined indurated chancre. In his right groin was a large bubo. This suppurated and was opened. The cavity

was well washed out with a five-per-cent solution of carbolic acid, and then packed with Westhorp's lint. The lint was removed after twelve hours, and a compress and a bandage were substituted. It healed kindly. While under treatment he came to me saying that he had great pain in his rectum. I made an examination and found a sore about two inches from the anus. I thought it ulcer of the rectum, but, not being certain, I called Dr. Waldo Briggs in consultation, who confirmed the diagnosis. Under a simple treatment suggested by Dr. Briggs the ulcer soon healed. But he was not through yet, for a week or so afterward he called with perineal abscess. This was opened, and several days after the operation he was summoned home by the death of his father. He has remained at home (New York) ever since, and must be restored to health, for I hear that he has just married.

I do not mention the case, or rather cases, because I regard this sequence of affections as extraordinary, although it is remarkable that they should all present themselves at such short intervals in one person; but rather to call attention to the fact that a man may have clap, swollen testicle, stricture, venereal warts, chancroids, chancre, bubo, ulcer of the rectum, and perineal abscess all inside of eight months, and pass through the ordeal with a patience and fortitude not exceeded by the afflicted patriarch whose name adorns the caption of this article.

J. WEIR, JR., M.D.

702½ OLIVE STREET, ST. LOUIS.

Books and Pamphlets.

TREATMENT OF UTERINE FIBROIDS WITH IODINE. By S. J. Radcliffe, M.D., Washington, D.C. Reprint.

LA LITHOTRITIE DOIT ETRE FAITE SANS TRAUMATISME. Par le Dr. Reliquet, Lauréat de l'Institut. Extract de la Gazette des Hôpitaux, Nos. des 13 et 16 Mai, 1882. Paris: A. Delhage et E. Legrosnier, editeurs, Place de L'école De Médecine. 1882.

COMBINED INTRAUTERINE AND EXTRAUTERINE PREGNANCY. With an Analysis of Twenty-four Cases and full extracts from the most important cases. By B. B. Browne, M.D., Baltimore, M.D. Reprint from Gynecological Transactions.

TENTH ANNUAL REPORT RELATING TO THE REGISTRY AND RETURN OF BIRTHS, MARRIAGES, AND DEATHS IN MICHIGAN FOR THE YEAR 1876. By the Superintendent of Vital Statistics, under the general direction of the Secretary of State of the State of Michigan. Lansing: W. S. George & Co., State printers and binders. 1881.

NEED OF HOSPITALS IN INDIANA CONSTRUCTED AND CONTROLLED BY STATE AUTHORITY. By Thad. M. Stevens, M.D., Indianapolis, Ind. Reprint.

FIFTY-FOURTH ANNUAL COUNCIL: JOURNAL OF PROCEEDINGS OF PROTESTANT EPISCOPAL CHURCH IN THE DIOCESE OF KENTUCKY, 1882. With Appendix. Rev. L. P. Tschiffely, Secretary of the Diocese. Louisville: John P. Morton & Co.

FOURTEENTH ANNUAL REPORT OF THE PRESIDENT OF THE INEBRIATES' HOME, FORT HAMILTON, N. Y., FOR THE YEAR 1881. Also a Statistical Report of Six Hundred Cases of Alcoholic Inebriety treated at the Inebriates' Home from November 1, 1879, to January 1, 1881. By Lewis D. Mason, M.D., Consulting Physician to the Inebriates' Home, Fort Hamilton. 1882.

Formulary.

A PROPHYLACTIC LOZENGE AGAINST DIPHThERIA.

M. Hager (*Le Progrès Medical*) suggests the use of disinfectant lozenges, which are to be held in the mouth and chewed by persons who are necessarily brought in contact with diphtheritic patients. The lozenges may be prepared as follows:

Beeswax..... 3 v; 20.00 Gm.;
Black rosin..... 3 jss; 6.00 Gm.

Mix and melt by a mild heat and add—

Balsam of tolu..... 3 ijss; 10.00 Gm.;
Aromatic powder..... gr. lxxv; 5.00 Gm.;
White sugar..... 3 v; 20.00 Gm.;
Benzoic acid..... 3 ij-ijss; 7-10.00 Gm.

Reduce all to a powder and aromatize with—

Oil of naphtha.... gtt. v;
Oil of cinnamon... gtt. x;
Creasote..... gr. vijss-3 ss; 0.50-2.00 Gm.

Cool and divide the mass into one hundred lozenges. Dose, four or five a day.—*Translated for the L. M. News.* M. A. C.

MEDICAL TREATMENT OF UTERINE FIBROIDS.

Dr. Chéron (*Rev. Med. Chir. des mal. des femmes*) recommends the application of the following:

Ext. digitalis..... 4 parts;
Ext. belladon..... 2 "
Lard..... 40 "

Inunctions morning and evening over the abdomen. Use a piece about the size of a small nut. At the same time the following solution is to be taken internally:

R Hydrarg. bichlor..... gr. ss; 0.03 Gm.;
Aquæ..... fl. 3 x; 300.00 fl. Gm.

A teaspoonful before each meal.—*Translated for the L. M. News from Le Progrès Med.* L. S. O.

CASTOR-OIL POMADE.

Castor oil..... 630 parts;
Vaseline..... 170 "
Yellow wax..... 100 "

Melt the vaseline and yellow wax together, add the castor oil, and perfume to fancy.—*Pharm. Centralh.; New Remedies.*

ON THE TREATMENT OF PIGMENT SPOTS.

Dr. Unna has treated pigment spots very successfully by his medicated muslin bandages. He cuts pieces of the muslin imbued with white precipitate or mercurial ointment of about the size of the spots which are to be treated, and after having had the skin cleaned with Cologne-water or alcohol they are carefully applied at bedtime. The parts are washed in the morning and covered with a pomade composed of—

Oxide of bismuth..... 5 parts;
Kaolin..... 5 parts;
Vaseline 20 to 40 parts;

—*Berlin. Klin. Woch.; Lond. Pract.*

FOR BITES OF FLEAS AND OTHER PARASITES.

Dr. F. J. Corbould (*British Med. Journal*) recommends as a means of protection against the bites of fleas, bugs, mosquitoes, etc., the application to the skin of a tincture of the pyrethrum roseum, "made with the powder shaken up in eau de Cologne. He thinks this a much more agreeable application than any oil or ointment.

TO COVER THE ODOR OF IODOFORM.

Dr. Putz, of Graefrath, has tried all the recommended means for covering the odor of iodoform, and confines himself now exclusively to oil of mirbane or nitrobenzol, all the others having failed in his hands. Six drops of nitrobenzol are used for every gram of iodoform.—*Pharm. Zeit.; New Remedies.*

Selections.

Acute Phthisis Cured.—J. Ferguson, B.A., M.B., L.R.C.P., reports in the Canadian Journal of Medical Sciences a case in which all the signs, general and local, of this disease were well marked, the patient at the time when treatment was begun presenting those symptoms usually considered as characteristic of the last stage of the disease. She rallied under the following treatment, however, and is now apparently well:

A small pasteboard cone to fit over the mouth was made, holding a little cotton wool. On the cotton wool was put daily a few drops of the following: Acid carbol. 3 ii; tinct. iodi. etherealis, 3 ii; creasoti, 3 i; vini. rect. 3 i. The cone carrying this was kept on the mouth almost constantly. For the dyspnea I tried nitro glycerin, but without any benefit, and then gave ammon. carb. gr. v; tinct. card. co. m. xv; spts. chloroform. m. xv; aquæ 3 ss, as often as required. After a short time this mixture was given regularly every four hours. The pain in the feet and legs was treated by applying belladonna and aconite ointments in equal parts freely and bandaging them evenly. In about three weeks the pain had almost disappeared. The vomiting yielded to nothing but injections of morphia, and fly-blisters over the stomach. For diarrhea, a half grain of cupri. sulph. was tried, but found too much for the weakened stomach to bear; so that it was ordered in one eighth of a grain, with one twentieth of a grain of morphia in the form of pills, taken about every hour. Fl. ext.

coto bark, belladonna, and zinc sulphate were tried for the sweating, but with doubtful efficacy. Ergotin, however, gave much better results, and caused no constitutional disturbance of any kind. The throat was sprayed with the following: Acid hydrocyan. \mathfrak{z} ii; acid lactici, \mathfrak{z} ii; morphia sulph. gr. iv; glycerin, \mathfrak{z} i; aquæ ad. \mathfrak{z} iv. Under this the sores in the throat speedily healed, the voice began to return, and a glassful of milk could be taken at one drink. The ulcerated condition of the throat has not returned. Believing in the beneficial action of arsenic in tubercular diseases, the patient was ordered one minim of liq. sodæ arsenitis every half hour, or hour, in milk. Owing to the great irritability of the stomach, a larger dose could not be borne. Best whisky was pushed as far as it could, keeping inside the limits of any constitutional disturbance. In this way from six to ten ounces per day were consumed. Up to the beginning of April no preparation of cod-liver oil could be taken, but since that date hydroleine has been used.

Such is, briefly, the treatment adopted in a well-marked case of phthisis with the usual conditions of coughing, sweating, diarrhea, etc. The patient now sleeps well; has no diarrhea; appetite good, and takes solids; pain in feet and legs gone; gaining weight rapidly; night-sweating a rare occurrence, and slight; vomiting entirely ceased; no soreness in the throat; and voice strong. The pulse is 80; temperature normal; and respirations 21. She intends going away soon to spend the summer in the country. The diet was mainly milk.

When the hopeless condition of the patient is considered and her present condition of improvement, I am inclined to think that the acute form of tubercular phthisis is not necessarily fatal, and that much can be done by persistent efforts in treating, on sound scientific grounds, the various symptoms as they arise in each case. It has been shown, especially in Germany, that arsenic is really a remedial agent in this disease, while the local treatment by inhalations and sprays has been too much neglected. There is perhaps much truth in the theory that acute tubercular disease is really one of the continued fevers with a definite lesion in the form of tubercles, as typhoid with its intestinal ulcers. Should such really prove to be the case, then we may hope for a fairly successful treatment; and the great object is to keep up the patient till the disease has run its course. There are three great laws that we may look upon now as fully settled: 1. That tubercular formation may cease either with or without treatment, and no further progress be made by the disease; 2. That tubercles once formed may undergo absorption, just as other inflammatory products do on many occasions; 3. That if the formation of tubercles cease, and those already deposited capable of absorption, then recovery is possible. It is therefore of the utmost moment to make this arrest in the disease, and to favor the removal of existing deposits.

Headache in Children.—*Neuralgic* headache in connection with dental caries is by no means uncommon in children from six to twelve years of age. Whenever the headache is one-sided the mouth should always be examined; for a decayed tooth may be keeping up the pain; and if so, cod-liver oil, iron, quinine, and arsenic will be of no service. In January, 1882, a little boy six years of age was brought to me with severe neuralgia of the right side of the face and head. His mother said he would cry by the hour together, and was afraid to eat. On

examining his mouth the second molar tooth was much decayed, and from this the pain evidently sprang. A dentist was consulted, and I have no doubt that he removed the offender. During the second dentition, when teeth are forcing their way through tightened gums, neuralgic headache is occasionally met with. I have known the pain at once relieved when the gum-lancet has been freely used. Mr. Nunn has related a case of supra-orbital neuralgia in a young lady of eleven, which yielded to the lancing of the second molar tooth. When during the second dentition the teeth are slow in appearing, neuralgic headache involving the fifth nerve, as it ramifies over the brow and temple, is frequently very acute in boys and girls.

Another class of headache is that which is *nervous* and *congestive*. The term "*nervo-hyperemic*" was given to it by the late Dr. Symonds, of Clifton. It is a condition in which the cerebral vessels are overloaded, and the nervous element is disturbed also. This form of headache is met with in children of both sexes, and is as much due to cerebral hyperemia as to nerve-disturbance. Shocks to the nervous system and overloading of the digestive organs are among the most frequent causes. The pain is, for the most part, confined to the forehead, and seldom seizes any other part of the head.

A healthy-looking and well-nourished boy came under my notice when nine years of age. He had suffered from diphtheria and whooping-cough. In his fourth year he was seized with frontal headache, after an accident by which his nervous system was severely shaken, but which did not involve his head. The attacks lasted about a week, and were considered bilious. He was sick, lost his appetite, the eyelids became dark, and he could not bear any noise, especially that of children playing about him. When the attack commenced there was much congestive excitement, the pulse was full and frequent, the skin flushed, and the temporal arteries throbbed. Previous to the pain coming on, he passed a quantity of pale urine, his extremities were cold, and his face was pallid. In the morning he would be feverish, and complain of a burning sensation all over him, and great general discomfort. He had two attacks in a year, one of which lasted a month. Salines, mercurials, and arsenic had been ordered by his medical attendant, but his general condition was good when I saw him, and the attacks, although lasting for some time, were very rare. I recommended the simplest diet, a mild aperient occasionally, and ten grains of bromide of potassium twice a day. A year afterward I heard that he had no return. These headaches often begin as early as the sixth year, when the mind is being exerted, especially if such children are delicate and of nervous temperament. As time passes on, if nothing is done to relieve them the attempt to read or to fix the attention on any thing, a strong light or noise, will induce a seizure. The truly sick and bilious character of the malady becomes changed with more impaired health. Pain now chiefly affects the top of the head, the headache of anemia, or one side of it. In the latter situation it is a genuine neuralgia. But it is often noticeable that the same patient will get now and then a genuine bilious attack, in which the tongue is furred, the urine is turbid, and the vomiting is so urgent that the bringing up of bile and loss of all appetite are very unlike the former variety.

These two kinds of headache are as much opposed to each other as pleasure and pain, or heat and cold. Whatever circumstances are present in relation to the

one are absent in the other. The nervous system is not in the same state. Its vitality is heightened in the one case; it is lowered or exhausted in the other. If we look at the rapidity with which the one is sometimes followed by the other, as it is in persons of a mobile or sensitive temperament, it is probable that the vital functions are easily depressed. Pain is to be estimated by comparison, and it can not be present to any great extent without influencing the vital functions. Most agonizing cases of *congestive* headache are occasionally met with in children the subjects of confirmed epilepsy, and those suffering from advanced mitral disease of the heart with hypertrophy.—*W. H. Day, M.D., in Med. Press and Circular.*

Winter Apoplexy.—During the rigorous winter of 1879–80 Dr. E. Bax observed some accidents of an apoplectiform character, of which he has described the mechanism and symptomatology in a paper read at the Medical Society of Amiens, April 1, 1880. He arrived at the following conclusions: Cases of apoplexy are more frequent during the winter than during any other season of the year. The more intense is the cold, the more numerous are these cases. The cold renders the surface of the body anemic, augments the arterial tension, and consequently produces congestion of the viscera and especially of the encephalon. This congestion, if it do not kill, may give rise to hemorrhages which are not considerable if the vessels of the encephalon are fairly healthy. It is likewise possible that the anatomical constitution of the blood becomes changed under the influence of cold, and that this change is allied to the pathological phenomena observed. Dr. Bax's observation on the effect of the intro-pelvic action of cold in producing apoplexy is interesting, but the idea is not new in this country.—*British Med. Jour.*

Willow-leaves in Intermittent Fevers.—Surgeon Chetan Shah, when in Cabul in 1877–8, found that quinine disagreed with the poorer Cabulis and Hazaras. Large doses brought on vomiting; small doses, dysentery. He was led to fall back on a water distilled from the leaves of *Salix babylonica* (weeping willow) and *Salix egyptiaca*, an ancient remedy still largely prescribed by the *hakims* of India and Afghanistan. This water or the diluted juice of the leaves rarely failed as a febrifuge, and was free from irritating properties. An extensive experience has made him prefer this remedy in cases where the alimentary canal is irritable, and in intermittent fevers of long standing.—*Indian Med. Gaz.; Lond. Pract.*

Chronic Eczema.—Mr. K. has suffered for over a year from eczema of the penis, pubis, scrotum, perineum, and inside of the thighs. His case was truly deplorable, for he had only done one day's work in a whole year. Lately his nervous system had been giving way, and there was a constant tremor on him when the slightest movement was made. A peculiar feature of the case was, that the scrotum kept constantly moving in a strange spiral fashion, and the patient said it felt as if it were full of maggots creeping in the skin. The treatment is briefly this: He takes daily about a dram of viola tricolor made into an infusion by steeping it in warm water. His bowels were constipated and were regulated by mist. sennæ co. For a short time at first he was ordered sapo viridis and citrine ointment. The local treatment was then changed to conium baths. These

were made by putting a handful of the leaves into warm water, and after soaking for a short time this was placed in a strong, shallow basin, and the patient directed to sit in it for at least twenty minutes, keeping the infusion around all the diseased parts by means of a sponge or soft flannel.

He has been under treatment just one month, and has made wonderful progress. Prof. Charteris, of Glasgow, as far as I can ascertain, was the first to recommend the conium baths.—*J. Ferguson, B.A., M.B., etc., in Canadian Journal of Medical Sciences.*

Subcarbonate of Iron in Indolent Ulcers.—Dr. Vidal has for some months been experimenting with this substance in the St. Louis Hospital, Paris. It is prepared by precipitating a solution of ferrous sulphate (free from copper) by means of carbonate of sodium. The precipitate is washed and dried in the open air, and so loses carbonic acid while it absorbs oxygen. The result is a brown, rouge-like powder. It has been applied to all kinds of ulcers, and always with excellent effect. The surface is first washed with a mild, astringent lotion, the powder is then spread over it in a fairly thick layer, and a bread-poultice is placed over all. The dressing is done twice a day. In the worst cases complete cicatrization has been obtained in thirty to forty days, in ordinary cases in ten. It is found that the local temperature rises considerably after the dressing, and that electric currents capable of demonstration with the galvanometer are set up around it. The dormant vitality of the granulations is rapidly awakened, and cicatrizing islands may sometimes be seen in the middle of the already contracting ulcer.—*Le Practicien; Lond. Pract.*

The Treatment of Detachment of the Retina. For cases of detachment of the retina, which generally occur in near-sighted persons when the patient is in perfect health, M. Abadie proposes to cause artificial adhesion of the retina to the adjacent membrane. For this purpose he pierces the sclerotic and the choroid as far back as possible from the ciliary region with a straight platinum knife made red hot by electricity. He thus perforates the envelopes of the eye. The liquid escapes, and produces adhesive inflammation at the point of insertion, which keeps the retina in its place. In six cases of detachment of long standing the author only obtained a passing amelioration, but in two others where the detachment was limited the result was very satisfactory. None of the patients suffered from the reaction or experienced any injurious effects from the operation. M. Abadie has also had recourse to galvanic puncture of the eye in treatment of glaucomatous disease rebellious to iridectomy and sclerotomy, and the relative successes of this mode of treatment are most encouraging.—*Med. Press and Circular.*

Poisonous Action of Santonin.—Dr. Testa (*Il Morgagni*) calls attention to the dangers which may attend the careless administration of santonin. This drug is very slowly eliminated, and thus is apt to accumulate when given in repeated doses. As the result of a series of experiments on animals, he concludes that the toxic action of the santonate of sodium is not exerted on the spinal cord, but upon the brain, and especially upon the bulbar region. Patients who are taking santonin should be watched in case cerebral symptoms appear.—*Jour. de Méd. de Paris; Lond. Pract.*

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

JABORANDI, ITS USES AND ABUSES.

Richard Ryder, M. D., L.R.C.P., etc., in the Medical Press of June 28th, calls attention to the advantages of sudorific treatment in the earlier stages of typhoid fever, and gives it as his opinion that in the introduction of jaborandi the profession has secured a remedy of much achievement and still greater promise, if given in the earlier stages, for the cutting short not only of fevers proper but of all acute and inflammatory affections. He says, "I believe jaborandi to possess the power of eliminating from the human system almost any specific poison, by means of the skin, if resorted to at once and before the poison has had time to set up its peculiar action."

Dr. Ryder's attention was first called to this plan of treatment, many years ago, by the experience of a resident physician in a large fever-hospital. This gentleman believed that he had often contracted typhus and typhoid fever through the discharge of his duties; and his mode of arresting the disease was to mount his horse and ride for ten or fifteen miles, regaling himself on the road with sundry glasses of whisky punch. He would return in a bath of perspiration, and feel no more of his dreaded enemy.

Some twelve years ago Dr. R. was called to see a lady who presented all the premonitory symptoms of typhoid. She had suffered from this disease but a short time before, and was convinced from the subjective symptoms that she was about to develop it

again. Having fresh in his mind the experience of the resident physician above referred to, the doctor immediately resorted to active sudorific medication in this case, assisted by numerous blankets, over which was applied a macintosh sheet to prevent evaporation. The action of the skin was kept up till all the abnormal symptoms had subsided, and in less than ten hours from the time when the treatment was commenced the patient was convalescent, complaining of weakness only.

Since that time Dr. Ryder has resorted to sudorific treatment in all similar cases, and believes that in many instances it has been the means of arresting the disease. If only a free action of the skin could be procured, there was little fear as to a good result; but in most cases this was a matter of some difficulty. The introduction of jaborandi was therefore hailed by the doctor as a most valuable addition to the materia medica. In his hands it has proved competent to reduce the temperature to its normal standard within a few hours, removing at the same time all abnormal symptoms; and so uniformly beneficial have been the results that he has come to look upon it as possessing a curative power in the earlier stages of fever which is equal to that of salicylate of sodium in rheumatism.

For administration the fluid extract is preferable, because the dose being small it is not likely to produce nausea or other disagreeable effects. It is best to begin with a minimum dose, gradually increasing the quantity every hour till the full action of the drug is obtained. The sweating may be more readily induced by putting the pa-

tient between two blankets. The diaphoresis usually commences in from three to five minutes, if the dose is sufficiently large and the preparation a reliable one. Some patients are slow in coming under the influence of the drug. If there is no action of the skin from the first dose within an hour, it should be repeated in double the quantity.

The sudorific treatment of fever is not new. On this point Stillé says, "The practice of employing alexipharmics and other stimulants as diaphoretics belonged originally to some of the Arabian school and their successors, but the most judicious physicians of modern times . . . are almost unanimous in condemning this class of medicines in febrile affections. In this Sydenham and Hoffmann, so widely different in other respects, were perfectly agreed." "Dr. Friend declares that Hippocrates *always* mentions sweat as a prognostic only, and not as a means of cure." Galen's works make no reference to any internal medicine for this purpose, and Celsus speaks of using diaphoretics only when a tendency to perspire is manifest, and elsewhere of forcing a sweat, but only with cold water.*

It appears that the induction of diaphoresis in the earlier stages of fever, with the view of cutting short the disease, has not had the sanction of medical authorities either in ancient or modern times; but to sweat a patient in the beginning of fever, regardless of its nature, was the *sine qua non* of that class of irregular practitioners, known as steam-doctors, who flourished in this country during the past generation, and has been a common procedure in domestic therapeutics ever since; and there are probably few regular practitioners upon this side of the Atlantic who have not resorted to it for reducing temperature in the initial stage of many febrile affections.

The treatment, moreover, would seem to be rational, since the skin is a great avenue for the elimination of morbid mate-

rial from the body, and the evaporation of moisture from its surface will rapidly reduce the temperature. It is not improbable that the usual termination of intermittent fever—namely, profuse perspiration with immediate disappearance of the disagreeable symptoms—first suggested this method of treatment.

A paper appeared last year in the New York Med. Journal and Obstet. Review, by Dr. G. Griswold, reporting several cases of intermittent fever in the treatment of which this idea had been put into practice and the disease cut short by antedating the sweating stage of the affection through the action of pilocarpin. Though this means proved effective in relieving the immediate symptoms of the paroxysm, it did not protect the patient against subsequent attacks.

It is a common notion with the laity that specific fevers may be aborted by sudorific treatment, and occasionally a physician may be found who, like Dr. R., entertains this idea; but nevertheless we believe that clinical experience is against it. In fact, if the proposition were true it would be almost if not quite impossible to prove it, since typhoid and typhus can not be diagnosed with certainty in their early stages; and in a number of cases reported as arrested during this period it could not be positively asserted that the patients had not been suffering from some fever of an ephemeral character.

That jaborandi, however, is an agent of real service in specific fever can hardly be questioned, since it meets promptly one of the gravest symptoms of the disease—viz. the exalted temperature. In our own practice we have given it in a case of typhoid, with the effect of bringing a temperature of 105° down to 101° in a few hours, and were able to hold it at a point but a degree or two above normal during the whole course of the disease. Though the tongue was made cleaner and the general symptoms were held in abeyance, the disease being thereby rendered more easy of management, it nevertheless ran its regular course. In this case

* Stillé's Therapeutics and Materia Medica, Vol. II, p. 435, edition 1864.

convalescence was prompt and attended by no serious sequel.

Our attention has further been called to the good effects of jaborandi, or pilocarpin, in two cases of typical typhoid seen last winter with Dr. R. B. Gilbert, of this city. In these the administration of the drug was attended with results precisely similar to those obtained in the case above referred to.

But while jaborandi gives promise of much good in the treatment of febrile affections, it has a serious drawback. Being a powerful vasomotor depressant, its administration is now and then followed by symptoms of alarming prostration. A case of this kind was recently reported to the Louisville Medico-Chirurgical Society by Prof. J. B. Marvin, in which a dose by mouth of one fourth of a grain of pilocarpin produced a degree of prostration so great as to alarm the attendants and to give the physician no little concern for the safety of his patient, and which had to be met by powerful stimulants. Dr. Marvin informs us further of another case in point. The patient was comatose from uremia and cholemia as a complication of structural renal and hepatic disease. During a temporary absence from the city of Dr. M., another physician was called in the night to see the patient, and administered fifteen minims of the fluid extract of jaborandi. Dr. Marvin returned next morning, and found the man in collapse, bathed with a cold sweat, showing a subnormal temperature and rapid, feeble pulse. The physiological antidote, belladonna (dose, fifteen drops of the tincture), was given, under the action of which the perspiration was soon checked, the pulse slowed and strengthened, and the temperature raised to 99°.

It is proper to state in this connection that in the opinion of high authorities the condition of uremia does not contra-indicate the administration of this drug. This opinion is based upon the fact that in such cases the urea escapes in abundance with the perspiration, though it is probable that the comatose state would render the employment of jaborandi unsafe.

In another column will be found a communication from Dr. Paul Foster, of Opelousas, La., describing a fatal collapse induced by full doses of fluid extract of jaborandi, which with the cases above named speaks a solemn warning against the incautious use of the drug.

In the MEDICAL NEWS, Vol. XI, No. 12, 1881, page 137, in commenting upon a prescription proposed by Dr. Mecklenberg, in *Berlin. Klin. Wochens.*, in which pilocarpin was recommended hypodermically in doses of half a grain, we said, "The usual dose of pilocarpin is from one eighth to one fourth of a grain. Half-grain doses have been reported as given by some experimenters without any bad results, but until the drug becomes better known we counsel due caution in its use."

It would now appear that this counsel was not uncalled for; and while we hope that much good may come from the use of jaborandi, we also hope that its dangers may be fully understood by the profession at large, and that in administering it they will follow the plan so effective and, we believe also, safe in Dr. Ryder's hands, beginning with the minimum dose and pushing it discreetly to its full therapeutic effect, while at the same time the patient should be carefully watched for symptoms of prostration, which must be promptly met by such measures of treatment as are usually resorted to in poisoning from vasomotor depressants. Among these belladonna by mouth or atropia hypodermically will probably be found most effective.

Dr. Foster's case, so far as we are informed, is the first in which death has followed the medicinal use of jaborandi, and it is probable that the fatal issue would have been averted in this instance if the case had not been taken out of his hands, through the meddlesome interference of the patient's friends, at a time when restorative measures were most urgently demanded.

In closing, we may suggest that, while jaborandi is without a rival in its power to remove fluid accumulations, and applicable

to almost any case so long as the heart is not enfeebled, it would be well for physicians to note the fact that its employment is unsafe when the patient presents symptoms of labored circulation or respiration, "since it lessens the contractile power of the heart and arteries, and, tending to retain them in diastole, favors the accumulation of blood in them," thereby enhancing the very conditions which the administration of the drug might have been intended to relieve.

MISCELLANY.

TRI-STATE MEDICAL SOCIETY.—The next annual meeting of this society will be held in Terre Haute during the last week in September, 1882. Papers will be limited to twenty-five minutes in the reading, those on subjects of personal observation being preferred. No legislation nor questions relating to constitution and by-laws will be discussed, and no banqueting will be indulged in or invitations to public entertainments accepted. The entire time of the session will be occupied in the reading and discussion of papers. Information as to hotel and railroad rates may be had, with the programme, by application to Jno. E. Link, M.D., chairman of Committee of Arrangements, Terre Haute, Ind. Those who have papers to present should inform Dr. William Porter, St. Louis, Mo., or Dr. Link, of the fact at as early a date as possible.

THE DECLINE OF POPULATION IN FRANCE. Dr. Chas. Richet has contributed an important paper to the *Revue des Deux Mondes*, April 15th, in which he exhibits at considerable length the figures showing the declension that the population of France is undergoing as compared with other countries, and the fact that this is entirely due to the small number of children resulting from each marriage. Not only is this very much less than occurs in any other part of Europe, but is also much less than used to prevail in France in the pre-revolutionary period, when five, eight, or more children resulted from marriages, which now only produce two or three. *Med. Times and Gazette.*

CONGRESS OF GERMAN SURGEONS.—Among the subjects discussed by this Congress (Medical Record) during its meeting in Berlin

last June were the treatment of wounds and the possibility of finding a dressing which shall possess both disinfectant and absorbent properties. Charcoal, sand, and "glass-wool" steeped in sublimate, paper ashes, and dried peat were among the materials recommended for this purpose. One surgeon was of the opinion that the iodoform era in surgery was over, the general impression being that iodoform does not meet the demands of a model dressing.

For the radical cure of hernia the use of alcohol as an injection near the sac was advised in place of the oak-bark solution employed in America.

A case of spleen-extirpation was reported by Credé, jr., and the use of the esophagoscope and gastroscope was demonstrated by Mikulicz.

There was an exhibition of excised stomachs, and reports were read on excision of the thyroid, the transplantation of muscle, and the resection of the lung.

The characteristic feature of nearly every paper read was something new in pathology or therapeutics or operative procedure.

SINGULAR LEGACY TO THE FRENCH GOVERNMENT.—M. Giffard, the well-known Parisian inventor of balloons, who died some time ago, has left a legacy to the French Government under the most singular conditions. He desires that it be devoted to the establishment of *suicidaria*, or national institutions in which persons suffering from painful and incurable diseases may be allowed, by the use of chloroform and other such agents, to shorten their own existences, acting under the direction of medical experts and with the consent of their friends. M. Giffard secured an euthanasia for himself by a special apparatus he invented for the inhalation of chloroform. M. Renaud has joined the movement for the promotion of painless suicide in France, his only stipulation being that no man shall by law be entitled to take his own life until he has obtained the consent of his friends in what is known as the *conseil de famille*.—*Med. and Surg. Reporter.*

A VERY RAPID HEART.—Prof. Pribrane is reported in the *Wiener Mediz. Wochenschr.* as saying that he has had a case of "vagus neurosis" in which the pulse reached three hundred beats per minute! Prof. Pribrane must have employed Brunnell's lightning calculator in order to have counted it.—*Medical Record.*

AMERICAN MEDICAL ASSOCIATION.—The Committee of Publication have adopted the following rules to insure promptness in the appearance of the forthcoming volume of Transactions (Vol. XXXIII):

1. All addresses and papers read at the recent meeting of the Association, and referred to the Committee of Publication, must be in the hands of the permanent secretary before July 31st.

2. The Transactions will absolutely go to press August 5th, and all papers or addresses entitled to appear in the volume not received by July 31st can not be inserted.

3. Under no circumstances will the committee permit new material different from that in the original manuscript to be added to the proof-sheets.

4. The secretary is instructed to send copies of these resolutions to the various medical journals, and to have extra copies struck off to forward to the contributors of papers to the annual volume.

The following provisions of the By-laws of the Association will be strictly enforced:

"Every paper received by this Association and ordered to be published, and all plates or other means of illustration, shall be considered the exclusive property of the Association, and shall be published and sold for the exclusive benefit of the Association.

"Authors of papers are required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

RICHARD J. DUNGLISON,
*Treasurer, and Secretary Committee
of Publication.*

[This communication arrived too late for insertion in an earlier issue. Though now of no service to those for whom it was designed, we publish it out of a spirit of deference to the dignified body from which it emanated.—EDS.]

STUCK IN HIS THROAT.—Mr. Thompson (Med. Press and Circular) relates the following: The patient, a pensioner, having received his pension went into an eating-house to dine. During dinner a piece of beef stuck in his pharynx and could not be dislodged. The man fell on the floor insensible, and was taken to Richmond Hospital. The resident pupil on duty tried to remove the piece by passing the forefinger of each hand back into the pharynx, seizing hold of the beef and drawing it into the mouth; but the mass was so large that he could not then extract it through the oral orifice, and

he had to finish that portion of the operation with forceps. Artificial respiration was continued for some time without result. The cause of death was the wedging of the mass of beef, weighing about two ounces, in the pharynx.

PROF. LANGENBECK'S SUCCESSOR.—An article in the Medical Times and Gazette says that the Medical Faculty of Berlin has decided upon calling Prof. Richard Volkmann, of Halle, to fill the place in the faculty recently vacated by Langenbeck. It is probable that Prof. Volkmann will accept the position. He is one of the ablest of living surgeons, and is undoubtedly at the head of the young German school.

A NOVEL METHOD OF SUICIDE.—On May 26th Sarah Newman, in the Cork Hospital for Women and Children, committed suicide by stuffing her stocking down her throat so firmly that when discovered it was extricated only with great difficulty. It was done so quietly during the night that the occupants of the next beds were totally unaware of any thing amiss till the morning.—*Canadian Journal of Med. Science.*

THE SIZE OF A MOLECULE OF WATER.—Dr. Heen has calculated, upon the basis of capillary phenomena, the diameter (δ) of a molecule of water. He finds it to be

$$\delta = 75.10^{-9} \text{ mm} = 0.000,000,075 \text{ millimeter.}$$

The number of molecules of water contained in a cubic millimeter (=1.6 minim) will therefore be 25 trillions.—*Annal de la Soc. Scient. de Bruxelles.; New Remedies.*

TWO MILLIONS of persons have been vaccinated and revaccinated in the State of Illinois during the last fifteen months. For this reason smallpox has made small progress of late in the State—the disease in the majority of cases having been confined to those first attacked.

DEATH DURING SOMNAMBULISM.—Lieut. Child, of the British navy, jumped overboard in a sleep-walking state recently, and was drowned. He dreamed, it is supposed, that he heard the cry of "man overboard," and rushed on deck at once to save a comrade.

MALARIOUS FEVER of an epidemic form has of late been very fatal in the Mauritius. During April there were five hundred and ninety-six deaths.

Original.

A REMARKABLE CASE OF SACCULATED OR OF CIRROID ANEURISM OF THE SECOND INTEROSSEOUS BRANCH OF THE DEEP PALMAR ARCH TREATED BY EXCISION.

BY JOHN B. ROBERTS, M.D.,*

Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy.

The specimen which I exhibit this evening and its accompanying history are interesting, I think, because of the extreme rarity of the condition. I know of no similar case reported, but I have not had an opportunity to search for such in medical literature, because the operation was performed only a few hours ago. The specimen is fresh, and is exhibited now before the appearances have been changed by any preservative fluid.

Dr. Charles H. Thomas requested me a few days ago to assist him at an early date in operating upon a tumor of the hand in a boy aged sixteen years. From his earliest childhood he had been under Dr. Thomas's observation, and had had a small elongated tumor upon the *dorsal* surface of the first phalanx of the left ring-finger, while in the *palm*, at the junction of the bases of the middle and ring-fingers, was a larger swelling. These were considered masses of dilated veins, as they had a spongy feel, and at times showed a bluish color. There was no very definite connecting band of swelling between the dorsal and palmar enlargements. No special pain was experienced unless the parts were struck, and no marked growth occurred. Hence the child's mother was advised to have nothing done. As the boy grew, the hand and tumor increased, but held the same relative proportions. When the boy began work in a machine-shop the skin became thickened and soiled, and the bluish tint was no longer discernible. About two months or less ago the growths seemed to enlarge and to be accompanied by considerable pain, and Dr. Thomas advised the use of a compress in the palm and a bandage around the finger. This the boy wore at nights, and usually from Saturday to Monday morning when he returned to his work. Recently there was noticed pulsation in the palmar tumor and a lobulated feel, and Dr. Thomas feared that an arterial aneurism existed.

*Read, with exhibition of the specimen, May 3, 1882. From advanced sheets of the Transactions of the College of Physicians, Philadelphia.

When I examined the boy last evening I found on the back of the third finger a hard, fibrous-like tumor as large as a watermelon-seed, with the long diameter corresponding to the length of the phalanx. In the palm was an illy-defined swelling covered with thick skin, very sensitive to pressure, and occupying about the area of a silver half-dollar. No swelling was evident connecting the two tumors. On the ulnar side of the palmar mass moderately distinct pulsation could be felt, which quickly stopped when the radial artery was compressed at the wrist, but merely decreased in force when the ulnar was pressed upon with the finger. No pulsation was felt in the dorsal tumor. The boy had severe pain even when no pressure was made upon the growth in the palm.

I gave it as my opinion that the growth was an arterial angioma connected with the second interosseous branch of the deep palmar arch, having anastomoses with the digital branches of the ulnar artery. Dr. Thomas considered it possibly this, but probably a sacculated aneurism. His diagnosis has proved to be the more correct.

It was determined to employ the Esmarch elastic bandage, and to make a free incision over the tumor and dissect it out, whether it be angioma or aneurism. As Dr. Thomas was disabled by a painful boil on his right hand, he requested me to operate. The boy was etherized and the elastic bandage applied.

I made an incision from a point a little in front of the superficial palmar arch to the commissure of the fingers, and came upon a mass of fat and small vessels, in the center of which was a bluish nodule, resembling larger vessels containing blood not driven out by the elastic bandage. Keeping close to the skin, and going down to the sheaths of the flexor tendons, I dissected the mass free. Lying alongside of the palmar interosseous muscle going to the ring-finger (second interosseous) we saw a comparatively large vessel which seemed to be the main feeder of the mass. I then extended my incision, making a straight cut along the side of the ring-finger, dissected up the skin, and enucleated the hard nodule lying on the back of the first phalanx. This seemed connected with the other mass by some fibers or small vessels, and both were removed as one piece. The wound was then plugged with dry muslin, to stop the general oozing that occurred after removal of the bandage, and a tight bandage applied. No ligatures

were applied, because my incisions were made at a distance from the tumor.

Dissection of the palmar mass showed that I had removed a small body about three quarters of an inch in diameter containing clotted blood and surrounded by adipose tissue and nerves. Small collapsed vessels in large numbers may perhaps be found in this adipose tissue by microscopic examination. Only a few larger ones were recognizable by ocular inspection, because of the absence of blood from the interior. The tumor, as is seen on the plate, consists of three lobules of rather unequal size, arranged somewhat as a trefoil. The largest one of them, which has been punctured, allows the escape of soft clot. This sac is about one half an inch in diameter. The three sacs seem to be separate, because the head of a pin introduced into one does not pass into the others. The two smaller sacs or lobules are hard, as if the clot was old. One has been laid open, and shows a white center or nucleus of cartilaginous consistence surrounded by a layer of red clot. On the surface of this three-lobed tumor runs a nerve, which probably was the seat of pain from pressure, and parallel to it a small artery. Both of these become lost in the mass at the upper end of the tumor, which was thought to contain the main supply of the aneurism, and around which a string was tied and left for identification.

The tumor from the back of the finger is hard, and on section shows an irregularly-colored red surface. I believe the tumors therefore to be small sacculated aneurisms evidently allied to or identical with the variety called cirroid aneurism. The one on the back of the finger and the two smaller lobules in the palm are undergoing cure by coagulation, induced in the dorsal one undoubtedly by the pressure from the bandage used at intervals during the last six weeks or two months.

If the diagnosis had been more certain as to aneurism, I believe that digital compression of radial and ulnar arteries, or the use of an Esmarch elastic bandage to the forearm, would have been proper treatment before excision was attempted.

The early period of life (about three years) at which the trouble was noted primarily renders it probable that the aneurisms were not originally traumatic. It is possible, I suppose, that the vessels of an arterial angioma may have become so dilated as to resemble these multiple aneurisms.

The similarity to cirroid aneurism is certainly very great, though there are some

points which differ somewhat from the usual clinical history of these growths.

[After the reading of the preceding paper Dr. W. W. Keen called attention to the danger of using coagulating agents in such cases, and spoke of a case of traumatic origin he had seen in consultation, in which a few drops of Monsell's solution had been injected into the aneurismal sac, and gangrene had followed, necessitating amputation of the hand. He thought compression of the radial and ulnar arteries would probably have accomplished a cure, and the risks of an operation would have been avoided. With regard to the small tumor on the dorsal surface of the ring-finger, he thought it unlikely to be an aneurism. Nothing short of a microscopical examination would determine its nature.]

PHILADELPHIA.

A CASE OF CHRONIC HEMATURIA.

BY W. W. CLEAVER, M.D.

On April 7, 1880, Mrs. S., aged fifty-two, a widow of eight years, whose menses ceased at forty-five, and who had had good general health all her life, applied to me to adjust a pessary for her on account of prolapsus uteri, saying that I had adjusted one for her seven years before, which had given her perfect relief. She had told this to her family physician, whereupon he sent her to me.

Upon examination I found that she had no uterine trouble of any kind, and so informed her. She insisted, however; and to satisfy her I adjusted a Meigs's ring. In a week or two she returned to tell me that she was no better, and asked that I make another examination, which I did, and assured her that the ring did her no good for the reason that she did not need it, and that we must look for other causes for her troubles. I removed the pessary.

I now ascertained that she had been passing rather a large quantity of urine daily, which was of a very peculiar character. I obtained a specimen, and asked her to come to town again in a few days, and I would prescribe for her after an examination of the urine; that she had some trouble with her kidneys or bladder. My friend Dr. A. G. Blincoe (now of Atlanta, Ga.) analyzed it for me, and found it of very low specific gravity, and containing a large quantity of blood. I prescribed for her, and heard no more from her for a year or more.

August 19, 1881, I was requested to see her at her home in the country. When I

arrived she told me that she had been ill all summer with "womb-trouble," and had been under treatment for it for months. I at once questioned her in regard to her urinary malady. She said that the urine was rather large in quantity and contained much blood, some of which was in the form of clots as large as a quill and several inches in length. As I had been her family physician in years past, and had treated her for uterine disease, she insisted that I should make an examination of that organ. I used the speculum, and assured her that there was absolutely nothing wrong with the womb, and succeeded in convincing her of the fact. The women of her neighborhood had each one furnished a pessary with which the prescriber had been either cured or relieved. She had every manner of ring and pessary known to the country doctor, even to the Babcock silver supporter. She had lost flesh, although her appetite was pretty good. She was very sallow, lips colorless, pulse 96, heat normal. She sat up a little every day, but it fatigued her greatly to walk across the room. She felt worse every second day; was not too warm at any time, so far as she knew, but kept well covered in bed during those warm August days; said she suffered a great deal from palpitation of the heart.

I prescribed for her fl. ext. ergot, quinine, iron, and arsenic, and tinct. digitalis. In a week she had improved very much, except as to the quantity of blood passed. There were not so many clots, but the urine was very dark from the presence of this blood.

I now consulted my friend Dr. Ochterlony, who suggested that probably I would find gallic acid useful. I then alternated that article in large doses with the ergot, using each for four or five days. The urine being alkaline she had acids freely, and, believing that the hemorrhage was due to chronic malaria, I continued the quinine, iron, and arsenic.

My patient seemed to improve slowly from the start in her general health. After two or three weeks' treatment there was still more or less blood; sometimes the urine was almost black from its presence. I sent a specimen of the urine to Dr. Ochterlony for analysis. He informed me that there was no sugar, some albumen, no tube-casts; therefore it was not likely that the blood was from the kidneys, but, as I had thought, from the bladder or ureters. By the time I received the last letter from Dr. Ochterlony my patient was rapidly improving and drinking a bottle of lager beer daily in addition to the other

medicines, which were continued until December, about three and a half months.

About a month after quitting all her medicines she had a slight relapse. She again had a few dram-doses of ergot and resumed the quinine and iron. She had a very feeble show of hemorrhage for a few days, and then it disappeared, and she is now and has been quite well since the last of December.

About the last of March or early part of April, 1882, my patient relapsed. This time there were no clots of blood; the urine was normal in quantity, but of a very dark-red color. After three weeks of hematuria she appeared anemic and had a poor appetite. During that time she took quinine, iron, and beer.

On June 22, 1882, a specimen of her urine was examined by Dr. J. W. Holland, of Louisville, who found it of high density, dark-red color, depositing a brown-red sediment composed principally of blood-disks. There were no tube-casts nor coagula of blood. Dr. H. expressed the opinion, after learning the history of the case, that the hemorrhage was either from the ureters or the pelvis of the kidney.

June 28, 1882, she passed a very healthy specimen of urine, and reports that for several days back the urine has been at times entirely free from blood. She is still taking quinine and iron, and today I added muriatic acid in glycerin, to be taken after meals.

This was, as I conceive, a case of chronic malarial hematuria, which lasted about two years, and required active treatment for nearly four months to relieve the patient. Had it not been for the absence of tube-casts, I think it likely that I would have jumped at the conclusion that it was a case of Bright's disease, and let my patient die for want of proper and efficient treatment.

LEBANON, KY.

Correspondence.

A CASE OF FATAL POISONING FROM JABORANDI.

Editors Louisville Medical News:

On the 9th instant my father, Dr. D. W. Foster, was summoned early in the morning to see a French lady, aged about fifty years, suffering extremely with what she denominated an oppression—which with the creole French means almost any thing, or nothing, as the case might be; but in this case it was intended to mean a great deal. She

had very high fever, cough, and very tough expectoration; respiration and deglutition very difficult. The diagnosis was pharyngitis; the case was prescribed for accordingly.

Upon the following day my father and I visited her jointly, and found that she had slowly but steadily improved from the day before, but, being of a crabbed disposition, she was disposed to quarrel—thought she was not getting along fast enough. So we concluded to try something that would produce a more decided effect, if possible, and accordingly selected Tilden's fluid extract of jaborandi, of which we gave for the first dose a dram, and left four doses of half a dram each, to be given every hour and a half until expectoration was facilitated, diaphoresis induced, etc.

Upon the following morning, about ten o'clock, we called again, and to our surprise were informed that another physician had been called in the evening before and had spent the night with her. We examined her and found her in a complete state of collapse—skin cold and clammy, pulse scarcely perceptible—although she and her friends were under the impression that she was doing finely, as the dyspnea and expectoration were decidedly improved. I concluded that she had been taking some powerful sedative, and that they were pushing it too rapidly; but as she had taken herself out of our hands in a very unceremonious manner, we deemed it improper to disturb their happy (?) delusion, as they asked for no information, but privately informed a mutual friend of the nature of things, and advised that the doctor be summoned post haste. That evening, at four o'clock, she died, with the same symptoms, only more aggravated; but I since learned that the state of collapse began on the evening of the day the jaborandi was given, and that she was taking no other medicine at the time.

Question: Could the jaborandi produce such effects, even if pushed until the four doses had been taken? Was the collapsed state of the capillaries an effect of the jaborandi at all?

I know of a case of extreme anasarca supervening on chronic chills and fever, with enlarged spleen and engorged liver, complicated with a recent attack of pneumonia, and the patient was apparently *in extremis*. Jaborandi was ordered in dram-doses every hour until profuse perspiration and expectoration should be produced, then stopped. When the fourth dose was reached she was perspiring and expectorating profusely; but

instead of discontinuing the remedy it was continued until an ounce had been given, and the patient recovered speedily. I have known jaborandi to be given often in dram-doses, but never knew it to produce such effects as existed in the first case mentioned above. If fluid extract belladonna had been given, would it not have speedily arrested the cold perspiration and brought about a reaction? Would like to have some information upon the subject.

PAUL FOSTER, M.D.

OPELOUSAS, LA., July 19, 1882.

Formulary.

LEMONADE-IRON.

In cases where there is a lack of appetite, Dr. Goodell (Medical News) recommends the following, which is very pleasant to take:

R Tinct. ferri chloridi... fl.℥ iv; 16.00 fl.Gm.;
Acidi phosphorici dil., fl.℥ vj; 24.00 fl.Gm.;
Spir. limonis..... fl.℥ ij; 8.00 fl.Gm.;
Syrupi, q. s., ad..... fl.℥ vj; 180.00 fl.Gm.

M. Sig. A dessertspoonful in water after meals.

The syrup of lemon being sour is not used in this prescription, because there is acid enough in the iron and phosphoric acid. Dr. Goodell is of the opinion that the chloride of iron is converted into a phosphate, while hydrochloric acid is set free.

TRIFOLIUM PRATENSE.

When the Red Clover Pills first made their appearance the following formula was printed on the label:

Red-clover extract..... gr. j½; 0.09 Gm.;
Iron by hydrogen..... gr. j; 0.06 Gm.;
Podophyllin..... gr. ⅙; 0.004 Gm.;
Nux vomica gr. ⅓½; 0.002 Gm.

The parties seem to have repented of their liberality, and omit the formula now.—*New Idea*.

INJECTION FOR SCIATICA.

Lereboullet recommends in cases where morphia is badly borne the following solution for hypodermic injection:

R Morphine hydrochlor... gr. ½; 0.03 Gm.;
Atropine sulph..... gr. ⅙; 0.012 Gm.;
Aquæ destillat. fl.℥ ijss; 10.00 fl.Gm.

Ten to fifteen minims every six hours.—*Union Med.; London Pract.*

FISSURED NIPPLES.

Monti recommends that the nipples should be anointed with a (freshly-made) solution of gutta-percha in chloroform, just enough of the latter being added to make the solution fluid. As it dries it forms a protecting pellicle, which does not come off even after suckling.—*Le Praticien; London Practitioner*.

Selections.

On Diet in Cases of Asthma and Bronchitis.

Dr. John C. Thorowgood (Med. Press and Circular), after referring to the danger of sudden death following a full meal in persons suffering with bronchitis and emphysema of the lungs with some cardiac dilatation, says:

The late Mr. Pridham, of Barnstaple, acquired great celebrity for curing bronchitis and bronchial asthma by diet. The great secret of this diet-cure was judiciously starving the patient for a time. A large number of persons afflicted with chronic bronchitis and asthma are hearty feeders, and have to submit to some annoyance by being often and inopportunely complimented by their friends, and told how well they are looking, just at the time, perhaps, when a congested liver, plethoric abdomen, and constipated bowels are sorely adding to the difficulties in the breathing apparatus. Expectorants for the cough, and spirits and water, or port wine, to strengthen the palpitating and oppressed heart, are means not likely to improve matters, and the patient comes to regard his case as a severe and intractable one. These are, however, just the cases in which much good may be done simply by dietetic means and attention to stomach and liver, while the heart and lungs are left to take care of themselves.

The great principle in regard to diet seems to me to be to avoid bulk, or mass of food. Often the patient shows a large, thick, atonic tongue, indicative of a torpid condition of stomach, so that the organ will receive a large amount of simple food without resenting it at the time, though acidity and heartburn may come on one or two hours after a heavy meal. The patient then must not, under the impression that he is likely to die from weakness, eat as much as ever he can at every meal, but must make up his mind to rise from the table capable of taking more, but wisely abstaining from so doing, and the food he does take should be nutritious without being bulky. A lightly-boiled egg, the wing of a chicken, or some fish, with one cup of tea, coffee, or cocoa, and dry toast with butter, will form three alternations of breakfast fare. At dinner soups should be avoided, as tending to cause distension of stomach. Vegetables must be taken sparingly. All malt liquors, with pastry and cheese and dessert, should be rigidly eschewed; and for drink, claret with water, or lemon-juice and water, may be allowed. Effervescing drinks of all kinds are not to be commended for habitual use, though sometimes after dinner an effervescing water slowly taken acts as a stimulant to the stomach, and so may promote digestion. If the dinner be taken at midday, then before going to bed a small meal of bread and meat, or of rusks scalded with hot water and mixed with milk, may be taken; but a full meal at night will press heavily on the diaphragm, and cause great distress and discomfort.

By this arrangement of diet we keep up nutrition, while we avoid overloading the stomach and so oppressing the diaphragm. The heart and lungs are enabled to work freely, and danger of sudden stoppage of the first-named organ is put at a distance.

Under circumstances of extra fatigue it is well before commencing a meal to take a wine-glass of sherry, but never should alcohol in any form be taken without some kind of food. Large quantities of liquid

in the way of drinks of all kinds with the meals are bad; and one glass of wine, with or without water added, will prevent that great craving for copious libations of non-alcoholic liquors with the meals which appears to affect some of those whose practice it is totally to abstain from all forms of alcohol.

The venous congestion of the mucous surfaces of the alimentary canal prevents ready absorption of watery fluids, and becomes a cause of great oppression. To relieve this state, I do not know any plan of treatment better than the persistent use of small doses of some saline laxative, such as sulphate of magnesia, Carlsbad salt, or acid tartrate of potash. At first there may be some discomfort and increase of venous plethora from the use of these remedies, but as their effect in the way of moderate purgation becomes manifest this will pass away, and the amount of benefit that will result be in every way satisfactory.

A Physical Explanation of Diapedesis.—Dr. D. J. Hamilton has read before the Edinburgh Royal Society a paper upon the circulation of the blood-corpuscles, illustrated by physical experiments. His views contribute greatly to the formation of a sufficient physical theory of the migration or diapedesis of the blood-cells from the vessels. It is known that the white cells are lighter than the plasma, while the red cells have nearly the same density. The white cells thus flow along the upper wall of the vessel, where they are subject to friction, and are carried slowly along by the slower peripheral current. The red cells move along the axis, exempt from contact with the walls and from friction, and are hurried on by the swifter axial current. Alteration in the density of the plasma might modify or invert this relation, so essential to the circulation. Mere hydremia without any other disorder might thus lead to obstructive vascular disturbance of a serious kind. The so-called passive congestions and inflammations of albuminuric dropsy may have this cause, loss of albumen altering the general density of the plasma. Experiments were shown with a curved tube to illustrate how, when the blood-current is slowed even to stasis, the white cells gather at the periphery of the vessel. A light sphere in a slow stream can not pass the first bend, but lingers at the upper surface. A sphere of the same density as the liquid passes on quite easily. With a quicker stream both spheres are carried on. Thus in a vessel, when, as in inflammation, the current slows, a filtering action is exerted by the tube upon the white cells, the red cells being carried on.

Another experiment was shown to illustrate the way in which the white cells thus gathered in the surface layer of the plasma are driven through the vessel wall. A tube was taken, in which a portion six inches long and embracing half the circumference had been replaced by a membrane with pinpoint apertures. Pieces of thin gelatine half an inch square were introduced and circulated with the water in the tube. So long as the distal end of the tube was open, the water did not exude from the apertures, much less the pieces of gelatine. When the end was obstructed, the current slowed, and the pressure raised, fine jets of water issued from the pinholes, the pieces of gelatine gathered there, and were extruded in great numbers, though they were perhaps thirty to sixty times as large as the apertures. First appeared a bud-like process outside. This enlarged, and finally the whole mass was pushed through, just as is a leucocyte in diapedesis.

The author's conclusions are: 1. The leucocytes in inflammation are driven through the natural apertures in the vessel-wall by the diverted blood-pressure. 2. They are extruded in greater numbers than the red cells, because in the slowing of the stream they have gathered at the periphery and are applied, as it were, over the apertures in the vessel-wall. The red cells are still circulating freely in the axis of the vessel. If the circulation be *suddenly* stopped, as by ligature of a vein, the red cells pass through the wall in greater numbers than the white. There has been no time to form a peripheral layer of white cells. 3. The ameboid movements of the white cells may help in their extrusion. They are not the primary factor. Any soft, pliable bodies would be similarly extruded. In lipemia oil-globules pass through the vessel-walls when there is obstruction, and form abscess-like collections of oil outside and around the vessels.—*Proceedings R. S. Edin.; London Pract.*

The Contagiousness of Tuberculosis.—A disease which kills one fifth of a species is certainly a disease of that species. Tuberculosis is really a disease of mankind, and when it is present in the form of germs in a good portion of the food we consume, surely it does not savor of temerity to ask that sufficient hygienic conditions should be maintained to prevent this enormous mortality.

Tuberculosis of man is exactly the same as that of the ox and cow. When it is conveyed to animals by inoculation it produces absolutely the same kind of lesions, is capable of transmission to other animals, and is constantly reproduced in the same form. Of this I have assured myself by causing animals to eat tuberculous matter derived from man or in inoculating them with his blood. Like the tuberculosis of the cow, that of man is inoculable through the digestive canal by blood and secretion fluids, and it always presents identical characters.

To this it is objected, it is true, that tuberculosis is also produced by the inoculation of inert matters. But explanation is necessary here. It has been proved by many pathologists that we can, almost at will, produce similar lesions to those of tuberculosis. I have myself seen very marked instances of this kind. But this disease, which is so easily induced, can not be reproduced by inoculation with the tubercles thus obtained.

These experiments only prove one thing, and that is, that the *histologic lesions* by which tuberculosis can be characterized are not sufficient. With regard to determining in this way that it is true tuberculosis, capable of being indefinitely inoculated, I deny it. This experimental tuberculosis remains an *artificial* disease. True tuberculosis, no matter whether derived from man, the cow, pig, or rabbit, can be reproduced in an infinite series, constantly, *with absolutely identical characters*, and passes from *animal to animal* without being impaired in virulency. Nay, more, it becomes all the more energetic and rapid in action the more frequently it is inoculated. I could produce numerous facts in series, with pathological specimens to illustrate them. Thus, at the commencement it requires four or five months to kill a pig or rabbit by tubercle inoculation, but at the fifth series of inoculations two months suffice. General infection taking place at about thirty-five days, if at this period we kill the animal and inoculate another from it, frequently this dies of the disease before the other would have done if allowed to live.

It is particularly with tuberculosis produced with

cultivated virus that we find the greatest increase in virulence. The serosity from the caseous gland of a cat which had died as a consequence of injection of cultivated virus was inoculated into six rabbits, and all of these became tuberculous. Forty days afterward they already had pulmonary tubercles, with which six rabbits and a pig were inoculated. The latter died in fifty-seven days, and one of the rabbits in sixty-eight days; and at this period the animals of the fifth series are more affected than those of the third. With the cultivated virus the fifth series are more abundant and more rapid than the first, the tenth than the fifth. It would appear that the microbium becomes acclimatized in the medium in which it is grown.

A rabbit which had received, five months previously, eight drops of the eighth cultivation in the jugular vein died, and its lungs were found to be full of nodules (granulations), as were also the kidneys and spleen. I may also mention the case of a pig inoculated with the vaccine cultivated on a tuberculous cow, and which, when killed, was a splendid example of generalized tuberculosis.—*Prof. Tousseint, in Med. Press and Circular.*

The Destruction of Digestive Ferments in the Alimentary Canal.—Of late years the use of digestive ferments has very considerably increased. It is not uncommon to give patients with weak or disordered digestion extracts containing pepsin or trypsin, in order to aid the conversion of proteids into peptones. But while this increase in the use of extracts containing ferment, by physicians, has been going on, little has been done by physiologists to add to our knowledge of the conditions under which the administration of these ferments may, with confidence, be regarded as profitable or profitless. Some of these conditions are pointed out by Mr. Langley, of Cambridge. He finds that those digestive ferments which are secreted in a neutral or alkaline fluid are rapidly destroyed by acids, and that those which are secreted in an acid medium are rapidly destroyed by alkaline salts. Thus the ferments of saliva and pancreatic juice are destroyed in the stomach; the ferments of the gastric juice are destroyed in the small intestine.

Hence it is very improbable that a pancreatic extract given with food aids digestion to any appreciable extent. The trypsin and other ferments contained in it are rendered ineffective before they reach the duodenum. By some, a pancreatic extract containing zymogen (i. e. a substance capable of giving rise to ferment) is recommended as being preferable to one containing ferment. It is, however, as useless to give pancreatic zymogen as to give pancreatic ferment, since the zymogen is split up in the stomach and the resulting ferment then destroyed; and since, further, supposing any zymogen did escape untouched from the stomach, it would remain as zymogen in the alkaline fluids of the small intestine, and so be incapable of aiding digestion by providing the appropriate ferment.

The rapidity with which the sugar-forming ferment of the salivary glands or pancreas is destroyed by the acid of the gastric juice shows that an extract of either of these glands can have very little effect upon starch in the stomach. The effect is indeed confined to a short period at the beginning of gastric digestion. We have reason to believe that for about three quarters of an hour after a meal there is no free hydrochloric acid in the contents of the stomach. Prob-

ably the acid is neutralized by the alkaline constituents of the blood and of the saliva. During this time the conversion of starch into sugar could go on. Since pepsin can not act in a neutral fluid and is destroyed in an alkaline one, pepsin-extracts would perhaps be given to most advantage three quarters of an hour to an hour after a meal, at the time when free hydrochloric acid makes its appearance.—*London Practitioner.*

Lactic Acid.—Our attention has been called by a wholesale house of this city to the confusion which reigns among many dealers and consumers regarding the proper strength of the acid to be sold or to be dispensed when merely "lactic acid" is directed. Heretofore lactic acid has not been official in the U. S. Pharmacopeia, although it has been so in the German and French pharmacopeias. It will, however, be official in the forthcoming new U. S. Pharmacopeia. The German Pharmacopeia recognizes only the strong acid, containing about seventy-five per cent of absolute lactic acid. The French Pharmacopeia recognizes two kinds—one less pure, and intended for preparing lactates; the other, the purer acid. There is no warrant whatever to sell or dispense a "ten-per-cent" lactic acid or a "diluted lactic acid" when "lactic acid" is demanded. The use of a dilute acid should be at once abandoned.—*New Remedies.*

Vaccino-Tuberculosis and Vaccino-Syphilis.—By J. Cappie Shand, M.B., C.M., Physician for Diseases of Women and Children, Glasgow Public Dispensary.

A paper was read on the 3d of this month by Dr. Wolffe at the Glasgow Medico-Chirurgical Society, in which he described a case of tuberculosis affecting the eye. He pointed out that a small particle of the tuberculous mass having detached itself, gravitated through the clear fluid, and itself became the center of tubercular development.

I would call attention to the fact that this case is of great importance in visually establishing the truth of the danger of transmitting that disease, through the medium of vaccination, from one individual to another. Moreover, as it is quite a recognized fact that local tubercle is developed by local inflammation, especially in the subject predisposed to tuberculosis, and bearing in mind that vaccination is a local inflammatory process, it becomes clear that a probability almost amounting to a certainty exists that tubercle may be introduced to the previously healthy individual through vaccination. Hence it is necessary, before we take lymph from one infant to inoculate another, to examine not only the condition of that infant, but also to inquire into its family history, which is practically impossible. Every one knows that an apparently healthy child may be tubercular, but this also applies to other diseases, notably to syphilis, and I may shortly substantiate my statement by recording the following case: Three years ago I was in attendance on the widow of a clergyman for a severely ulcerated leg. It did not look syphilitic, but as it would not yield to ordinary remedies I afterward used successfully the green iodide of mercury. I then obtained the further information that a child of hers contracted syphilis "through a wet nurse," and after the discharge of the latter the lady had a chancre on her mouth, the result of which I have

just mentioned. This boy, however, although having an occasional rash, looked so healthy that one of our first medical men, who was then attending, expressed his urgent desire to obtain lymph from the child after being vaccinated, which, I may add, he secured.

All I have to say in favor of animal rather than humanized lymph is, that a breeder of cattle selects for breeding purposes those cattle which he considers healthy and free from disease, and consequently I would expect greater immunity from hereditary disease among them.

I think syphilis may frequently be produced as well as tubercle, and remain in the system for a length of time before being recognized; and I am further of opinion with reference to vaccination that it should be optional, although apparently desirable, and that it should be put upon such a footing as to prevent it from propagating such diseases as tuberculosis and syphilis.—*Med. Press and Circular.*

Lupus-Psoriasis.—Before the Clinical Society of London, May 26th (Med. Press and Circular), Dr. Stephen Mackenzie reported the following case:

The subject of the eruption was a lad aged nineteen. There was no history elicited of struma or of skin-diseases in his family. The disease began in his face three years ago, and was confined to this position until nine months before he came under observation. It then spread to the forearms, and gradually involved the upper arms, the trunk, and lower extremities. The patient was well nourished, free from any sign of glandular enlargement, visceral or bone-disease. When he came under observation his face presented the characteristic appearances of lupus vulgaris. In addition to this, however, on the upper part of the chest in front, between the shoulders, over the lower part of the back, and symmetrically distributed on the outer aspects of the arms and forearms, on both buttocks, thighs, and legs, were disks having depressed centers and a few fine scales intermixed with dull red scars. The skin of the extremities of the fingers was red, rough, and cracked, and there were a few papules on the dorsa of the feet. The patient under one-dram doses of citrate of potash, and, later, iodide of iron with arsenic, improved somewhat; but perionychitis became troublesome, and led to erysipelas of the right arm. The attack was severe, but the patient made a satisfactory recovery, and the eruption continued to improve. Later, when the treatment of the case concluded, a good deal of the active eruption had subsided from the trunk and extremities, leaving scars in the positions in which it had occurred. His general health was good. The points to which attention was directed were: That the eruption on the face was characteristically lupus; that the eruption on the trunk and extremities resembled psoriasis in its scaly appearance and symmetrical distribution, but, unlike psoriasis, and like lupus, it left scars. Hence the name "lupus-psoriasis" given to the conditions by Mr. Hutchinson seemed appropriate in characterizing its nature and distribution. The condition is a rare one, and, as far as the author was aware, was only described by Mr. Hutchinson. A sister of the patient, who has slight but well-marked psoriasis, has since been seen. This brings the lupus element of the case into closer alliance with psoriasis as regards its essential nature, as well as in its appearance.

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

A PEEP INTO KOCH'S LABORATORY—BACILLUS TUBERCULOSIS.

A Berlin correspondent of the Philadelphia Med. News, under whose initials and polished sentences we recognize the name and style of a genial and accomplished young physician well known in the West as an eloquent expounder of modern pathological doctrines, discusses, in a series of charming letters, the discovery of Koch, and introduces us into the workshop of the great pathologist. The correspondent alludes to the spirit of distrust with which the discovery has been regarded by the more conservative pathologists of Germany, but shows by the following utterance that his faith has not been shaken. He says, after meeting with a doubtful answer and a shrug of the shoulders from Virchow's chief assistant when he ventured to ask this magnate what he thought of the new bacillus:

There is one man who does know that the bacillus tuberculosis is a fixed fact in science, and who is able to convince any one that it, and it alone, is the cause of the disease. May I say that they only shrug their shoulders who have not had time as yet or inclination "to work the subject up," that, as Mr. Huxley said of Darwin long ago, "those who disbelieve him have never read his works."

In another letter faith seems to have developed into full fruition in the mind of the correspondent, and we find him, by a clever turn, linking the name of Koch with the names of Newton and Darwin, and prophesying that posterity will approve of this

grouping. He then proceeds to show how in the experience of each of these kings of science an apparently trivial circumstance led to great discovery. Newton perceived the law of gravitation in a falling apple; Darwin was put upon the train of thought which developed evolution by perusing the much-abused work of Malthus on population; while Koch found in the potato a soil for the growth of germs which led him to perfect his method for the culture and isolation of the tubercle bacillus. 'Tis true that this germ will not grow on the potato, but many kinds of parasites and fungi find it a fruitful soil, and it was the substitution of the potato and other *solid* culture fields for the culture-*fluids* previously in use, that gave Koch his first vantage ground and put him upon the track of the greatest achievement in modern pathological research. To quote his own words: "The principle was found, and it became merely a matter of securing a form suitable to all cases." The writer says:

Up to the time of Koch, all experiments with pathogenic micro-organisms were made with culture-fluids, and the impossibility of purification of the fluids used, with the implied impossibility of isolating germs of an individual kind, rendered impotent every kind of experimentation. The different, often opposite and contradictory, results arrived at by equally competent observers, soon surrounded the whole subject with doubt, even ridicule, and justly brought about that state of skepticism regarding the germ-theory so universally prevalent in our times.

The simple substitution of a solid for a fluid culture-substance has completely changed the whole aspect of the subject, by giving at once to the study of micro-organisms a degree of scientific accuracy which is surpassed in no other field of medicine. I put this fact in the foreground because, as it seems to

me, it stamps the genius of the discoverer more than any thing else. Given a field which is clear of weeds and it is possible to grow the grain which has been sowed. And thus it is grown here again and again by successive cultivations, the same seeds always producing the same fruit—if I may use so coarse a term—with the same degree of certainty as in the macroscopic world. If successive observations show without exception the same picture under the microscope, and if successive inoculations show without exceptions the same results in the bodies of animals, what other inference is possible than that the micro-organisms are the cause of the disease? In the case of tuberculosis, as in that of milzbrand, septicemia, etc., there is no question whatever of chemical effects. For the bacilli and micrococci of these diseases are absolutely isolated by successive generations, sometimes to the ninetieth already, in cultured fields, before their introduction, and they themselves, or their progeny, are universally found after the natural or artificial death of the animal in every product of the disease.

Following this is a most interesting description of the method by which the potato is utilized for the cultivation of fungi, and after an account of the many-colored molds grown upon it, in language befitting the utterances of an enthusiastic botanist just home from a ramble among rare ferns and strange mosses, he alludes to a simple process by which a small piece of potato may be mapped off into regions, much as the gardener divides his plat of ground into beds, and made to develop several varieties of fungi at one time. The yeast fungus, the fungus which colors milk blue, and the most beautiful and showy of all, the deep scarlet micrococcus prodigiosus, which is wont to grow upon the host in damp churches, and give rise to the miracle of the sweating blood, "were seen, each growing in perfect purity and isolation, so that the merest neophyte may see at a glance whether his graft has been a success, and soon satisfy himself of his ability to isolate an individual species or to propagate it *ad infinitum*." Having done justice to the potato, he turns his attention to the culture-fields of gelatin, extract of beef, and blood, and ushers us into the *sanctum sanctorum*, or, perhaps we might say, innermost bower of the master. For surely after passing through

this "valley of the many-colored grass," and beholding this wonder of ornamental gardening, we might here expect that

"In shadier bower

More sacred and sequestered, though but feigned,
Pan or Sylvanus never slept; nor nymph
Nor faunus haunted."

But let the reader judge for himself. The writer says:

The place bristles with tubes of gelatine and of blood, which by the most ingenious procedures are also brought to look like amber, and to have the consistence of gelatine when cold. These culture-substances are inoculated by means of the platinum wire [previously purified by being brought to a glowing heat in a Bunsen flame], some with septicemia of various kinds, some with tuberculosis, some with milzbrand, all visible as opacities in the clear fluid, as visible as an opacity upon the cornea, or as summer clouds in a clear sky, all growing luxuriantly, and each ready at any time for examination under the microscope, or for inoculation of animals, which is practiced every day. Some of these preparations are over a year old, and are, of course, just as virulent as when first introduced. Three white mice, one large rabbit, and one guinea-pig were inoculated today, each with a different bacillus or micrococcus, and as fast as they succumb, often before natural death, each is examined for the well-known effects of the disease. Every day two or three animals are brought in and examined for tuberculosis. Some have died spontaneously of the disease when they show just the lesions we see in man; some have died quickly as the result of the injection of large quantities of tuberculous virus, i. e. bacilli, when they show the lungs compressed, atelectatic from pleuritic effusion, the result of tubercular pleuritis; some, after a longer time, as the result of the injection of smaller quantities, showing the typical picture of the lungs of acute miliary tuberculosis.

Then after describing the method of inoculating different animals, the care taken to thoroughly disinfect from accidental or non-specific germs every instrument used, and the purification of the culture-substances by boiling them every day so long as any opacity indicates the presence of fortuitous spores or germs, before the specific bacillus or micrococcus is introduced; and how, if at any time after these have been put in culture the microscope should show the co-existence of other germs, the specimen is thrown away as polluted, and another one

prepared, he closes the door on this wonderful place, saying:

Here is a laboratory filled with the quintessence of the most malignant of known diseases, any one of which can be imparted to an animal with absolute certainty, with a degree of rapidity, skill, and accuracy which would sound like a legend to the uninitiated.

It does sound like a legend, and, clothed in the glowing language of this gifted writer, it is like some golden legend told by a messenger from fairy-land. But it is true that every legend may be found to have descended from fact, or that it comes down to us laden with some precious truth. Surely no legend ever had more of fact for its foundation than this. Let us hope that it may prove to be truth itself, since its story is so full of promise to suffering humanity.

MISCELLANY.

CIGARETTE-SMOKING.—Dr. D. Biddle (British Med. Journal) says:

The smoking world is just now agitated by a rather serious question. It appears that confirmed cigarette-smokers do not merely, as in cigar- and pipe-smoking, draw the tobacco-smoke into the mouth and fauces, and then eject it through the lips or nostrils before it gets any further, but actually inhale it into the chest, and only eject it in a prolonged puff when it has apparently reached the minute cells of the lungs. The process is found particularly agreeable after a full meal; and though causing slight intoxication, with vertigo, to those who are unused to it, very soon engenders a craving which is not easy to combat. The pricking sensation which is observed in the nostrils when the tyro in cigar-smoking ejects smoke through them is not so noticeable in the bronchial tubes during the inhalation of cigarette-smoke; but possibly this is due to the fact that most cigarette-smokers have been hardened by previous cigar- or pipe-smoking, for there can be no doubt that all tobacco-smoke produces an irritant effect in the chest of those not accustomed to it, as seen by it setting up cough and dyspnea.

The chief point, however, to which I have been requested to direct attention is that if the fumes from cigar, pipe, or cigarette be instantly ejected from the mouth and throat

before descending into the chest, and be made to pass through a cambric handkerchief drawn tightly across the open lips, a permanent deep yellow stain, corresponding in size and shape to the opening between the lips, and having numerous spots of a darker hue pervading it, will be left on the handkerchief; but that the prolonged puff from the chest, after inhalation from a cigarette, fails under similar circumstances to produce any but a scarcely perceptible and speedily evanescent mark. Query: What in the latter case becomes of the substance which stains?

I am not aware of any instances on record in which the lungs of cigarette-smokers have been specially examined; but it would be interesting to know whether by perseverance one could color one's bronchial tubes as one does a meerschaum; and, if so, whether the process would be attended with risk.

As to the rice-paper wrappers with which cigarettes are made, I have burned some in a glass case, and find that they shrivel up into minute fibers, and give off a fine impalpable smoke and vapor, which, gray in color, just renders the glass opaque. I should not consider this beneficial to the lungs, nor yet, on the other hand, very baneful. But what of the tobacco-stain?

DEATH OF PROF. FRIEDERICK.—Died on July 6, 1882, in Heidelberg, Prof. Nikolaus Friederick, in the fifty-seventh year of his age. He has held the position of Professor of special Pathology in the University of Heidelberg since 1858. Prof. Friederick was the author of many valuable papers on the subject of pathology; the best known of his writings are the articles on Diseases of the Heart, in Virchow's Handbook; on Diseases of the Larynx and Nose; a work on Progressive Muscular Atrophy; and the paper upon Disease of the Pancreas, in Ziemssen's Pathology. His death was caused by the rupture of an aortic aneurism into the pleural cavity.

NITRITE OF AMYL.—Mr. David Dott draws attention to the very bad quality of some specimens of nitrite of amyl in the market. Some of them indeed, as we have found ourselves, are utterly useless, and have little or no power to produce the ordinary physiological and therapeutical action of the pure drug. Many of the cases of so-called failure of this remedy in angina pectoris are no doubt due to the bad quality of the drug employed.—*Pharmaceut. Jour. and Trans.*

ACUTE PNEUMONIA WITH FIBRINOUS EXUDATION IN THE LARGE BRONCHI.—Dr. Cezary, of Algiers, calls attention to cases, happily rare, of acute pneumonia in which the fibrinous exudation extends to the large bronchi and plugs them up. In these cases there is absolute dullness, but bronchial breathing and bronchopony and vocal fremitus entirely disappear. The characteristic expectoration is suppressed, dyspnea is extreme, and death occurs with orthopnea. The signs are those of pleurisy with great effusion. The differential diagnosis between this form of pneumonia and pleurisy is impossible. Dr. Cezary has twice punctured, thinking that effusion was present.—*Gaz. Hebdom.; London Pract.*

SHORT SIGHT A FASHION.—A recent order issued to the Russian army forbids any officer to wear either a *pince-nez* or eye-glass while in uniform. Spectacles also are only to be used upon the issue of a medical certificate notifying that the wearer absolutely needs them. It seems that the fashion for eye-glasses and *pince-nez*, which has lately sprung up in the Russian army, has made four fifths of the officers to have bad sight.—*Med. Times and Gazette.*

PRECURSORY SIGN OF PULMONARY PHTHISIS.—Dr. Coiffier thinks that the coexistence of clean tongue with a pulse of 85 in young people is an almost certain indication of the approaching development of pulmonary phthisis. In patients of between eighteen and thirty years, who appear to have excellent health, he considers that some tubercle has already been deposited.—*Lyon Médical; London Pract.*

It is said that the climate of South Australia greatly resembles that of Sicily and Naples. During nine or ten months in the year it is agreeable. What is called winter is, in truth, a rainy season, and would be called in England a wet autumn. It is, however, stated by old colonists that each succeeding year is cooler than its predecessor.—*Med. Times and Gazette.*

DEATH OF DR. MUSSEY.—Wm. H. Mussey, M.D., Professor of Operative and Clinical Surgery and Diseases of Women in the Miami Medical College of Cincinnati, died August 1st in Cincinnati, of apoplexy. He was a surgeon and physician of large reputation, and in his death the profession sustains substantial loss.

Original.

HOT WATER IN THERAPEUTICS.*

BY DOUGLAS MORTON, A.M., M.D.

Visiting Surgeon to the Woman's Department, Louisville City Hospital.

The use of hot water in the practice of gynecology has come to occupy so important a place as to make it hard for us to realize, looking back, that we could do without it; and although my own experience of its value in this department corresponds in the fullest degree with that of others, I yet wish to assert emphatically that in certain therapeutic applications its value appears to be even greater.

Several years ago I learned in my own personal experience that no agent relieves nausea and vomiting so satisfactorily and promptly as water as hot as can be drunk. Since then I have used it in a large number of cases, and no remedy that I ever administered in any condition has proved more uniformly reliable. I have preserved records of many of these cases, but to transcribe them here would prolong this paper to a tedious length. I make, therefore, the following classification:

1. Cases in which nausea and vomiting occurred at the onset or during the course of acute febrile disease.
2. Cases in which these symptoms were caused by overloading the stomach when its functions had been impaired by protracted disease.
3. Cases in which they were produced by nauseous medicines (not emetics) at the time they were taken.
4. Cases of acute gastritis caused by the ingestion of irritants.
5. Cases in which these symptoms were purely reflex.
6. Cases of chronic gastritis.
7. Cases of colic in newly-born infants.
8. Cases of flatulent distention of the stomach in adults.

Class 1 contains a number of cases in which the value of hot water was most strikingly illustrated. Among them is a case of diphtheria and one of puerperal septicemia.

I might include also a case of tuberculosis in which the stress of the disease fell on the digestive apparatus. In each of these a half glass of hot water always gave prompt relief when every other remedy had failed.

* Read before the Louisville Medico-Chirurgical Society, August 4, 1882.

Of all, however, the cases in which the use of this remedy seemed to produce the most impressive and the most permanently beneficial results were those of cholera infantum. In these it would often happen that hot water would not only itself be retained when absolutely every thing else was rejected, but would immediately render the stomach tolerant of food. Taking advantage of this effect, my manner of using it is to give a few teaspoonfuls as often as it is necessary to administer food, and immediately afterward, while the stomach is fully under its sedative influence, to give food in small quantities. I have seen a number of children get well whose recovery I am confident was due solely to this treatment.

In class 3 there are cases in which the stomach had rejected all medicines for many hours together, but retained them readily when given in hot water as a vehicle.

In class 4 a victim of alcoholism, after a prolonged debauch, during which an enormous quantity of whisky had been drunk, had reached a point at which the stomach would no longer tolerate whisky or any thing else. Hot water was given and retained, and the stomach rendered tolerant of food immediately.

In class 5 the patients were the subjects of vomiting in pregnancy. The effect produced in these cases was much less satisfactory than in others, yet sufficiently favorable to justify the positive statement that hot water is a remedy of considerable value.

Concerning classes 6, 7, and 8, which include cases of patients who were the subjects of various manifestations of indigestion, it suffices to make the general statement that the administration of hot water constituted a very important part of their management, and was followed almost invariably by good results. In the treatment of dyspepsia my rule is to order hot water in every case, to be taken before each meal, and as often at other times as suits the patient's convenience. I have found that this draught before meals causes discharge of any undue amount of gas in the stomach by eructation. One of my dyspeptic patients told me that whenever he took food his stomach was so distended by the gaseous products that came from the imperfect digestion of his last meal as to be incapable of getting the proper "grip" upon what he ate. This gentleman thinks that hot water did more toward curing him than any of the many remedies he had tried. It affords relief in the same manner to young infants who suf-

fer from colic, and I rarely have occasion to prescribe any thing else for them.

In the case of another dyspeptic, who is the victim of gout also, attacks of indigestion were accompanied by very distressing palpitation of the heart. I saw this patient once during an attack which happened at night, and she was in a sad plight indeed. Her heart was beating with an irregularity of force and of rhythm such as I had never seen before, and a horrible sense of impending dissolution made sleep impossible. I asked her to drink a large quantity of tepid water, hoping it would cause her to throw up the contents of her stomach. The water brought, however, was decidedly hot; but she drank it, and almost instantaneously the palpitation was relieved, and in a surprisingly short time she passed into a tranquil sleep.

The *décongestive* (to use a word applied by Courty) and hemostatic action of hot water have been accounted for in a variety of ways by different gynecologists. Since it appears clear that its results from medical and from surgical application are referable to a common principle, I will mention some of these.

Dr. Pitcher, of Detroit, who was among the first to notice this property of hot water, thought that when applied to a bleeding vessel the immediate effect is dilatation, which sufficiently slows the current to favor the formation of a clot, and that afterward constriction occurs, by which the clot is firmly held and the lumen of the vessel effectually closed.

Dr. Emmet, to whom especially belongs the credit of having given most satisfactory demonstration of the value of this agent in gynecological practice, says that the direct results of its application to a bleeding vessel is relaxation of the coats and vascular turgescence; but that, if the application is continued, in a short time reaction follows and contraction takes place. "In other words," he says, "the reaction from heat is contraction."

Carl Richter, of Berlin, thinks "the contact of hot water with the partly-denuded inner wall of the uterus causes a slight inflammatory irritation, an edematous transudation, and a swelling of the tissues, principally the submucous, intermuscular, and perivascular connective tissue, by which the blood-vessels become compressed and their lamina thereby occluded."

The action of hot water upon the blood-vessels of the uterine or gastric mucous mem-

brane, or upon abnormally full or bleeding vessels in any part of the body, may be explained, I believe, simply and readily by a quite well-known physiological principle. This principle is set forth in the following experiments, which are recorded in Paget's *Surgical Pathology*: "If while we watch the movement of blood in a companion artery and vein (in a bat's wing or frog's foot), we draw the point of a fine needle across them three or four times without apparently injuring them or the membrane over them, they will both presently contract and close; then, after remaining a few minutes in the contracted state, they will begin again to dilate, and will gradually increase in diameter till they acquire a larger size than before the stimulus was applied. When in this condition they will not again contract upon the same stimulus as before. The needle may now be drawn across them much oftener and more forcibly, but no contraction ensues, or only a trivial one, which is quickly followed by dilatation. With a stronger stimulus, however, such as that of great heat, they will again contract and close, and such contraction may last more than a day before the vessels again open and permit the flow of blood through them.

Further, Wharton Jones found that the application of cold is followed by speedy constriction, but that this soon yields to dilatation which may pass beyond the limit of what is normal. It thus appears that the application of heat or of cold of a mechanical or chemical stimulus may take the vasomotor terminals by surprise, so to speak, and cause contraction of the muscular coats of the minute blood-vessels. After this, however, the effects of heat and of cold are seen to be markedly different. The contraction caused by the latter is followed by a dilatation beyond normal limits, while that of the former is sustained for a considerable length of time. The most obvious explanation of this difference of behavior is probably the true one. Heat adds a form of force to the contracting tissue, which makes up for the expenditure involved in the acts of contraction, while a cold medium abstracts some of the force normal to the tissue; so that the contracting tissue loses both by exhaustion and abstraction of force. In other words, the ultimate effect of a cold medium is that of a paralyzant. This explanation is more readily appreciated when it is borne in mind that, according to Haller's law, the force by which muscular tissue contracts is generated in the tissue itself, and is not transmitted

to it through a nerve-conductor, as electric force may be through an iron wire. Bearing directly upon this question is an observation made by Dr. Beaumont, in his classic experiments upon the stomach of Alexis St. Martin. He found that the ingestion of very cold water was followed immediately by blanching of the gastric mucous membrane, and that there quickly ensues a redness more intense than exists in the normal state.

Now from whatever cause nausea and vomiting may arise—whether from the direct contact of such an irritant as zinc sulphate, or as an effect of such an emetic as apomorphia injected into the blood and carried by it to the nerve-centers controlling these phenomena, or from some reflex influences, it is certain in many instances, and probable in all others, that the vasomotor centers controlling the gastric blood-supply are also influenced and gastric hyperemia brought about; and this condition being the link in the causal chain which is broken by the commanding impression made by the contact of hot water upon the gastric lining, the effect fails to follow.

Though the difference between hyperemia produced by an irritant acting for a short time and that which is an essential part of gastritis, is not fully understood, clinical evidence derived from some of my cases goes to prove that the contact of hot water produces the same effect in both—contraction of the muscular tissue of the minute blood-vessels and expulsion of the surplus blood. The effect of hot water relieving flatulent distension of the stomach appears strictly parallel. In this condition the muscular coat of the stomach, impeded by gaseous pressure, is excited to extraordinary work and the gas immediately expelled.

There is a corollary to the proposition mainly discussed in this paper that should not be omitted. I have noticed that patients who began taking hot water to allay nausea and vomiting could not only take large quantities without inconvenience, but came presently rather to like it than otherwise; and so, at times, when little or no cold water could be taken, by drinking it hot they would get sufficient water to meet fully the requirements of the organism.

This fact has, I think, a very important bearing in therapeutics. It often happens, both in acute and chronic disease, that the issue depends solely on the question as to how well the kidneys will hold out. In many diseases the structure of these impor-

tant emunctories, though primarily not at all affected by the morbid process at work in the organism, is liable to serious damage from secondary causes. In some diseases the *materies morbi* itself, in the act of elimination, seems to be principally the offending agent; in others, the harm is done by the debris of the tissue destroyed in the progress of the disease; but in all the injury done seems related rather to the concentration of the urine—to the smallness of the amount of urinary water—than to the absolute amount of urinary solids. In cases of fever in which the temperature keeps high for a long time continuously, it does not matter at all of what kind the fever may be, the urine is high-colored and full of irritant organic matters. These are the cases in which the kidneys are threatened, and in whose urine albumen and tube-casts are most likely to be found.

We feel assured, moreover, that the kidneys of our gouty patient, who is drinking his gallon or more per diem at some watering place, enjoy a respite, for the time, at least, from the ravages of uric acid. An important part, therefore, of the treatment of all these cases is to put water into the blood freely. Hercules would doubtless have been overwhelmed by filth had he tried to cleanse the stables of Augeas by his unaided efforts, so he wisely turned in the rivers Peneus and Alpheus, and his appointed task was accomplished with surprising ease. In like manner will the epithelial cells of the tubules of the kidney become overburdened and clogged with destructive effete matters if sufficient water fails to flow from the glomeruli. But dilution of the urine is not the only good result that comes from making our patient drink freely of water. The skin also exercises an important emunctory function, and a considerable part of water taken into the circulation is eliminated in this direction, and carries along a large share of effete matter that would otherwise add to the burden of the kidneys.

LOUISVILLE.

PROF. R. OWEN has received a gold medal of honor, instituted centuries ago by the Dukes of Mantua, and of which Dante, Michael Angelo, Raphael, and Cuvier have been previous recipients.—*Med. Press, etc.*

SIR J. LUBBOCK concludes from a careful series of experiments that bees distinguish colors, and have a decided preference for blue.—*Ibid.*

TENOSYNOVITIS: ITS CAUSES, NATURE, SYMPTOMS, AND TREATMENT.*

Based upon an Analysis of Fifteen Cases.

BY WM. B. HOPKINS, M.D.

Surgeon to the Out-patient Department of Pennsylvania Hospital, to the Dispensary of the Episcopal Hospital, and Assistant Demonstrator of Surgery in University of Pennsylvania.

Tenosynovitis may be defined as an affection usually occurring in the forearm, and characterized by a peculiar creaking of the tendons as they move in their sheaths, depending upon a particular kind of strain to which the muscles belonging to these tendon have been subjected.

Cause. The predisposing cause of the affection is the occupation of the individual, and in studying, therefore, fifteen cases occurring in subjects of otherwise average health the nature of their employment is worthy of special attention. In three of the fifteen the disease occurred in men employed in a dye-house, whose work consisted in wringing the goods, which had been soaked in dye; in two the patients were weavers, who throw the shuttle from side to side with the index-finger of the right hand; one case occurred in a baker, from kneading bread; one in a boiler-riveter, from hammering; one in a car-driver, from using the brake; one in an iron-molder, from continued use of the shovel; one in a plaster-worker from stirring plaster with a hoe; one in a washerwoman from using a clothes-wringer; one in a laborer, who continued to work after receiving a severe contusion of the forearm from the fall of a heavy iron pipe; and one each in a rope-twister, a marble-rubber, and a painter.

In contrasting the above-named occupations with many others requiring far more muscular effort, and giving employment to many more workmen than these, the idea suggests itself that it is not the mere amount of strain to which the muscles and their tendons are put that predisposes to the disease, but rather the kind of effort, which is of a tedious, continuous, monotonous sort. On the other hand, trades which would appear likely to furnish subjects for the disease more frequently than those which have been already spoken of fail to do so. This in some instances can be explained. Gold-beating, for example, where an eight-pound hammer is used almost uninterruptedly for five hours, and is carried from above the shoulder down

* Read June 7, 1882. From advanced sheets of the Transactions of the College of Physicians, Philadelphia.

to the level of the waist, would seem to contradict this view, as the disease is unknown to one of the largest gold-leaf manufacturers. A careful study of the movements of the operatives in performing this work, however, shows that the strain is not upon the muscles of the forearm, but rather on those of the shoulder and arm; as the hammer descends simply by gravity and returns by recoil from the elastic block, composed of alternate sheets of gold and animal membrane, to a point where the biceps and deltoid muscles complete the elevation.

The exciting cause of the attack is usually the resumption of work to which the individual is thoroughly accustomed, after a shorter or longer interval, when he is out of practice, and when the parts involved in executing special movements have become less actively nourished; though in the case of the washerwoman, the clothes-wringer was used for the first time, and the ropetwister was doing work which was new to him. In the laborer the attack was of traumatic origin.

Pathology. The means of determining the exact lesion in this disease are necessarily to a certain extent conjectural, but as the pain and crepitation are coincident in their onset and subsidence, as there is no impairment of motion after recovery has occurred, and as the parts under treatment regain their normal condition in a very short time, it seems highly probable that there is no true inflammatory process at all, certainly none extending beyond the stage of congestion, and that the creaking which exists is due to insufficient lubrication, with consequent dryness, not, as has been supposed, to exudation of lymph. Under rest and counter-irritation the congestion very soon disappears, the synovial surfaces pour out their proper fluid, and the tendons once more move smoothly and noiselessly in their sheaths.

Symptoms. Soreness, amounting to positive pain upon motion or pressure along the course of the affected tendons, inability to use the part, and the presence of the peculiar creaking, which is communicated to the finger on palpation, are the symptoms which denote the existence of tenosynovitis.

Diagnosis. From its common seat upon the dorsum of the forearm, this affection may be mistaken for fracture of the radius. The history of the case, however, showing that there has been no blow or fall, as a rule, the quality of the crepitus, which is much softer and finer than that of fracture,

and like that of cellular emphysema after fracture of the ribs, or that produced by rubbing two pieces of cloth between the fingers, and the way in which the crepitation may be elicited, all leave little chance of error. The disease will not be mistaken for a strain of the muscle, if a careful physical examination is made.

Treatment. From what has been already said, it will be seen that the disease is at once acute, painful, and disabling. It, however, yields, as a rule, readily to treatment; for the patient can seldom work more than a day after he is attacked, and finding that he exhausts the usual home embrocations, without relief, promptly seeks aid elsewhere. This enables the surgeon to institute treatment before an advanced stage is reached and permanent mischief done by a deposition of plastic matter. Absolute rest of all the parts concerned is the most important element in the treatment; a palmar splint, therefore, from the elbows to the tips of the fingers, is applied, when the forearm is the part affected. Counter-irritation is next indicated, and may be employed in one of two ways. If the skin is red, a band one inch broad of tincture of iodine should be painted in an oval form around the area over which creaking is felt, while a lotion of lead-water and laudanum is applied within this band. In cases where there is but slight creaking, and no redness of the skin, tincture of iodine may be painted directly over the diseased part, without the employment of any lotion. The dressing is re-applied each day, until all pain, tenderness, and creaking have disappeared, which generally occurs at the end of four or five days. After this a roller bandage alone is continued, until the parts have regained their tone.

PHILADELPHIA.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

Speaking of hospitals and their surgeons, in my last letter, reminds me of the Woman's Hospital, an institution of charity, where all women afflicted with diseases peculiar to their sex, and who are poor, can have admission and be treated gratuitously. It may be said that New York contains more wealth and more poor people than any other population of equal size in this country. The

larger portion of this great wealth is concentrated in the hands of comparatively few of her citizens. A very large per cent of the indigent portion of the population is made up of foreign immigrants. Notwithstanding this vast multitude of poor people, they are as a whole better provided for perhaps, as far as sickness is concerned, by institutions of charity in this metropolis than in any other large city in the country. Hospitals and dispensaries of this character seem to be almost innumerable, scattered all over the city. If my recollection of the statistics of Bellevue is correct, there are over thirty thousand patients, both in and out, treated at that institution annually. And if one were to enumerate the number of all the patients who apply to the various charitable institutions scattered over the city, including those outside but under its control, it would no doubt fall but little short of two hundred thousand patients annually. This is a fine showing for the benevolence and generosity of the great city of New York. From my observation I am fully convinced that at least half of this large number of applicants for free medical treatment are of foreign birth. But still it would not do to say that Europe had opened her flood-gates of pauperism upon us.

When I commenced this letter I aimed to speak particularly of the Woman's Hospital, together with some of its surgeons. As I passed through your city on my way to New York, I happened to see our good friend Prof. Parvin, who gave me a letter of introduction to Prof. Thomas, who is one of the visiting surgeons to this hospital. I found him all that a gentleman could be, both socially and professionally. He is certainly one of nature's noblemen, and holds with befitting grace and dignity the great eminence in the profession to which his fine manners and extraordinary abilities have enabled him to attain. But when I speak thus of Dr. T. I am only reiterating what I have already said of many of the gentlemen in the profession to whom I had letters or have been introduced. Prof. Thomas, like many other great men in New York, is always busy. He has an extensive consulting as well as office practice, besides operating one day in the week at the Woman's Hospital. He also has a private Woman's Hospital of his own, a very fine institution lately completed. He takes his private patients from a distance who need treatment to this building, where they are comfortably lodged and fed, instead of sending them to a hotel. At this institution they

have all the advantages afforded by the best arranged hospitals, besides the same comforts enjoyed at the best hotels. On account of these various and arduous duties the doctor was compelled to resign the chair of Gynecology at the College of Physicians and Surgeons. The doctor had the kindness to present me with a card to his clinic at the Woman's Hospital for the month of January. He is certainly an expert in gynecological operations. I saw him perform three operations on one patient at one sitting. First: On account of a greatly deformed cervix with patulous os, he made a V-shaped incision at each angle of the lips, and closed each with catgut sutures. This little operation made a wonderful improvement in the shape of the organ, producing the natural cone-like appearance, and at the same time closing the os to its natural dimensions. Second: On account of frequent hemorrhages to which she had been subject he diagnosed fibrous vegetating growths of the lining membrane, for which he used the curette. With this little instrument he scraped off a considerable quantity of these growths, and predicted no further trouble from bleeding. Third: This patient was also affected with ruptured perineum of long standing, which the doctor restored by a very careful and effective operation. In this case he thoroughly denuded the ruptured part of its epithelial covering nearly up to the vaginal attachment with the cervix. He then with nine sutures of silver wire closed the torn parts, making quite a respectable looking perineum. The doctor is quite popular with his medical brethren, a great many of whom attend his clinics. He takes a great deal of pains in showing those present the different steps of his operations, and at the same time explaining the whys and wherefores of his method. A singular occurrence took place while the doctor was operating on this patient. He had just told an anecdote of a watchman who took a drunken man to the station. The man was lying apparently dead drunk in the street, and some parties were unsuccessfully endeavoring to get him up when the policeman put in his appearance. It was suggested by those present to procure an ambulance and haul him, but the officer said no he would make him walk. He then took off his boots and commenced to slap his soles very severely with his hands, when directly sure enough the man got up and walked off with him to the station. Dr. Thomas remarked that he had no doubt that spanking of the soles of the feet would be a good

means for restoring animation when lost from the use of anesthetics. Now the singular part of the story comes in. While the doctor was paring the surfaces for closing the perineum the patient stopped breathing, and became pulseless. He stopped his operation, and by using artificial respiration and spanking her soles very severely soon restored her. This method of restoring animation struck me as not only unique but quite effective, and should I ever have occasion to use measures of restoration I shall not hesitate to resort to it.

I had the pleasure of meeting Dr. McCormick, of Bowling Green, Ky., at the Woman's Hospital. He was on his way to spend several months in Europe. The doctor is one of our rising young men, and no doubt at no distant day will make his mark in the profession.

I may be mistaken in my opinion, but I strongly entertain the belief that a student can acquire as an efficient medical education in this country as in Europe. The field for observation in New York, it occurs to me, is sufficiently ample to satisfy the most ambitious in the way of acquiring medical knowledge, but of course a trip to Europe sounds a little bigger and gives greater *eclat* to the man who takes it. I would be satisfied with all I could learn in New York.

By the way, I wish to say one word respecting some of the other surgeons of the Woman's Hospital. I also saw Dr. Emmet operate. I think it would require an expert to distinguish any difference between two such men as Drs. Emmet and Thomas in point of surgical ability. Of course they, like all other surgeons, have their admirers. I heard some contend in favor of one and some in favor of the other. There does exist perhaps a slight difference as to their sociability, and I think that difference is in favor of Dr. Thomas. This apparent difference may have resulted from the fact that I had a letter to Dr. Thomas and none to Dr. Emmet. I have not had an opportunity to observe the operations of Dr. Bozeman or Dr. Sims.

T. B. GREENLY, M.D.

NEW YORK.

A SNAKE-BITE.

Editors Louisville Medical News:

On the night of the 2d inst. I was called to see Mrs. H., of this place. Half an hour before I saw her she had stepped upon a "ground-rattlesnake," and was bitten on the foot. The reptile was in her bed-chamber.

There were two punctures—one near the great toe, the other higher up on the foot. I bound a ligature around the ankle, and immediately applied a roller-bandage from the knee down; I incised deeply the wounds, cupped them thoroughly, and then inserted lunar caustic; gave alcoholic stimulants and ammonia, and used morphia hypodermically, all of which allayed the excessive pain and arrested the march of the swelling. The lady is fairly recovering.

This is the third case within twelve months of "ground-rattlesnake-bite" which I have treated. This serpent has the flesh-marks of the true rattlesnake, minus the rattles, and is very venomous.

It is amusing to hear the numerous remedies (always sure to cure) suggested by the laity for snake-bites; but it is not amusing to know that the professional treatment of the same is almost as empirical.

C. CULLEN, M.D.

PLUMERSVILLE, ARK., July 8, 1882.

Books and Pamphlets.

THIRTY-NINTH ANNUAL REPORT OF THE STATE LUNATIC ASYLUM, AT UTICA, N. Y., FOR THE YEAR 1881. Transmitted to the legislature January 13, 1882. Albany: Weed, Parsons & Co. 1882.

MATERIA MEDICA AND THERAPEUTICS: INORGANIC SUBSTANCES. By Chas. D. F. Phillips, M.D., etc. Edited and adapted to the U. S. P., by Laurence Johnson, A.M., M.D., etc. Vol. II. New York: Wm. Wood & Co., 1882.

This is the May number of Wood's Library, and completes the inorganic section of Dr. Phillips's work. The care and thoroughness which was so marked in the earlier volumes are equally displayed in the one before us. The latest therapeutic hints find a place by the side of old and assured methods. The three volumes together give a complete account of drugs from the medical point of view, discussed in a catholic spirit.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M.D., M.R.C.P., Lecturer on Materia Medica and Therapeutics at Westminster Hospital, etc. Second edition. Detroit, Mich.: George A. Davis, Medical Publisher. 1882.

This little work is practical and succinct. Every poison likely to be encountered by the physician is mentioned under special headings, and the antidotes with simple directions for the management of the cases follow in regular order. It is a very compact volume, and may be carried in the vest pocket. Its price is one dollar, and we believe that its purchase will prove to be a paying investment; at least no young physician should be without it.

CLASS-WORK OF THE PUPILS OF THE ILLINOIS ASYLUM FOR FEEBLE-MINDED CHILDREN, FOR THE SCHOOL-YEAR ENDING JUNE 30, 1882; together with the Commencement Exercises held in the Chapel of the Asylum, June 22, 1882. C. T. Wilbur, M.D., Superintendent, Lincoln, Illinois.

This institution is a noble charity, being at the service of any feeble-minded child in the State of Illinois not afflicted with serious nervous or contagious disease, who may have its benefits free of charge. It is evident from a glance at the curriculum, and particularly at the description of the commencement exercises, that such institutions may accomplish much for this unfortunate class of society. Many of the children are capable of learning to read, write, and work simple problems in arithmetic; others can only count, or repeat from memory what has been read to them. Those who are not capable of these feats are given exercises suitable to their comprehension, no effort being spared to develop any faculty that may be discovered through the careful inquiry of their patient and pains-taking teachers. Thus these negatively-afflicted beings to whom Nature has been so niggardly in the bestowal of her gifts may have their meager faculties cultivated, enlarged, and made conducive to their future support, comfort, and happiness. One case is so remarkable, and illustrates so clearly the advantages of the systematic management of these people, that we quote it in full:

Dr. Wilbur exhibited the special peculiarities of Johnny T. When he entered the asylum he was thought to be a deaf mute; could not talk and did not comprehend articulate language; did comprehend to a very considerable extent natural signs, and made his wants known by signs. It was finally discovered that he was not deaf. Dr. Wilbur proved to the audience by experiments that he could hear perfectly well. He could only understand, however, very simple and familiar commands in articulate or written language. When asked to point out places on the outline maps of the United States and Europe, when their names were spoken to him, he did not seem to understand them, and one would have supposed he knew nothing about the maps referred to, from his futile efforts to answer the spoken questions. When the places were pointed to by Dr. Wilbur, Johnny at once would write with chalk crayon their names in a beautiful hand, upon a blackboard, writing with right hand or left apparently equally well, though preferring to write with the left hand. He showed perfect familiarity with the maps of the United States and Europe, and could have with others had they been exhibited. When the second class in arithmetic was on the stage, Johnny performed examples in fractions with astonishing rapidity and accuracy before the audience; seemed to comprehend signs better than written or articulate language, and both of the latter to a very limited degree. When he had learned the names of places, however, if they were written and he was requested to point them out by signs, he would at once do so. He is a remarkable case, which has been improved greatly. Had it not been, however, for special individual training and a careful study of his case, he would have always been regarded as an idiot of a very hopeless degree of mental obliquity.

Selections.

Enteralgia in a Child—Quinine and Iron—Cure.—W. H., aged six years; seen February 6, 1872. During last four years he has had attacks of pain in the abdomen and vomiting continuing for fourteen to sixteen hours, occurring more frequently of late. He used to be very stout, but has fallen away very much. Appetite is bad, he does not eat nearly as much as he used; sleeps pretty well; tongue natural; bowels open; no fever; is not anemic. The abdomen seems to be natural; it is flat and resonant, except in the region of the liver, where there is dullness extending nearly to umbilicus; his flesh does not heal well, and he had an abscess in the right groin four years ago. The pain is very severe when it comes on; occurs in paroxysms, which cause him to jump up and scream. He has been so ill in some of these attacks as to appear dying. Ordered ferri et quinae citrat., gr. iv.; spt. æth. chlor., ℥ v.; aq., ℥ j. T. d.

March 2: Is much better; has not had an attack since he commenced to take the medicine.

March 16: No attacks; is hungry and eats with appetite.

January, 1873: He remains very fairly well.

March, 1875: Has lately had a recurrence of the same disorder, which has been arrested by the same means.

[Though the author reports another case similar to the above, we quote but one, which illustrates with sufficient clearness the affection under discussion.—Eds.]

Enteralgia in children is rather a rare disorder, as, indeed, neuralgia affecting any other locality is. Pain of other kinds is so much more common that a practitioner may well be excused if he does not always appreciate immediately the true nature of such disorder as is exemplified in the above case. In the first it is important to remark that some amount of fever was present, which would naturally raise a suspicion that the disease was typhoid, and that the pain was produced by intestinal ulceration. Strong points against this view would be the absence of tenderness of the abdomen, the long complete intermissions of the pain, its severity when present, and the night temperature being too low for typhoid. Another view might be entertained that the child was the subject of *tabes mesenterica*, and that the intestinal lesion caused the pain and fever. Against this was the recent invasion of the disorder, the absence of diarrhea and of tenderness, as well as the extreme severity of the pain and its intermittency. Lead-poisoning was considered as a possible cause of the pain; but the inquiries made gave no countenance to this idea, and the success of tonic treatment negatived it. Both these children lived in Paddington, near the canal, but not in its immediate proximity. I have often been inclined to suspect that emanations from this water-way gave rise to malarial disorders, but have never obtained any clear evidence that such was the case.—*Handfield Jones, F.R.C.P., Med. Press and Circular.*

Resection of the Pylorus in Italy.—This operation has just been performed for the first time in Italy by Prof. Caselli, of the University of Genoa. The patient was a female who had been admitted to the hospital with symptoms which pointed to closure of the pyloric orifice of the stomach by a neoplasm

presumably of a carcinomatous nature. In the operation itself there was no feature of particular interest, except the severe shock from which the patient suffered almost from the first incision. The time occupied was two hours and a half. To secure the stomach to the duodenum and to sew up the organ itself about fifty sutures were employed. The portion excised was elliptical in form, and measured four inches and a half in length by three and three quarters in breadth. The operation itself in all its details was successfully completed, but the patient unfortunately sank from a shock a few hours after her removal to the ward. The necropsy confirmed in every respect the correctness of the diagnosis, and showed, moreover, that all the other viscera were perfectly free from cancerous infiltrations. The operation, therefore, was a thoroughly legitimate one. Moreover, from the excellent position in which the stomach and duodenum were found after death, there is little doubt that, had the patient's vital powers held out, the result would have been a most brilliant one.

A Painful Affection of the Wrist.—In the July number of the New York Med. Journal and Obstet. Review, Dr. Edward H. Bradford, Surgeon to Out-patients, Boston City Hospital, relates three cases of a painful affection of the wrist, the features of which were, pain referred to or most severe at the middle of the carpus; slight swelling; an absence of constitutional disturbance, and with no interference, or but partial interference, with motion of the articulation between the carpus and the radius and ulna. The symptoms were relieved by fixation, and recovery took place finally after a period of rest. Judging from analogy, Dr. Bradford remarks, it seems probable that the cases here reported were similar to a degree to a synovitis of the medio-tarsal joint, described by Gosselin under the term tarsalgia adolescentium; differing somewhat in their course from the fact that the wrist, a part easily immobilized from the first, and not the tarsus, was affected. Leaving out of account the smaller synovial membranes of the carpus—i. e. those between the pisiform bone and the cuneiform, the trapezium and the metacarpal bone of the thumb, the ulna and the fibro-cartilage at the joint—there are two large synovial sacs, viz. that between the main carpal bones and the radius and cartilage covering the ulna, and that between the main bones of the carpus, of which the os magnum is the larger and central bone. From the symptoms in the cases reported, the author thinks that the inflammation was one affecting this latter synovial sac, and limited to this alone, and that they may therefore be termed cases of synovitis of the carpus.

Chronic Catarrh of the Bladder.—In April last year I was requested to attend an abbot, aged sixty-five, from whom I received the following history: He had been suffering for twenty-five years from chronic inflammation of the bladder; had made two journeys to Constantinople and one to Paris for the purpose of getting relief, but without any success. His condition was as follows: Constant desire to make water, compelling him to get up every half hour, and then only with great pain and straining being able to pass a few drops. Urine loaded with an enormous quantity of bloody viscid mucus, smelling most offensively. As he was unable to take any exercise I prescribed meat and wine, and enforced a vegetable and farinaceous diet, hot hip-baths every

night, infusion of buchu with dilute nitric acid internally, and subcutaneous injections into the perineum to relieve the tenesmus. A persistence in this treatment for a month had the effect of improving the character of the urine, the mucus gradually disappearing, while the pain and frequency of micturition diminished, *pari passu*. Injections into the bladder were then tried of dilute nitric acid with belladonna, nux vomica in various proportions, and finally of sulphate of quinine, dilute sulphuric acid in the proportion of a drop to a grain in conjunction with nux vomica or belladonna in distilled water, of which three ounces containing eight grains of quinine were injected every day, leaving from one third to one half to be retained in the bladder. This was persevered in for more than three months, the diet being gradually improved and wine allowed in small quantity as the urine improved in character. Pain and straining in micturition slowly diminished, and as the urine became natural the power of retaining the urine increased, so that he has only to rise from sleep three times during the night. My attendance finished in September, and from that time no relapse has occurred.—*Wm. Hy. Cullen, M.D., Medical Press and Circular.*

Muscular Action in the Pathology of Hip-disease.—In the July number of the New York Med. Journal and Obstet. Review Dr. A. B. Judson, Orthopedic Surgeon to the Out-patient Department of the New York Hospital, discusses some points in the morbid anatomy of hip-disease, with special reference to the supposed effect of muscular contraction in promoting the progress of pathological changes in the articular structures. A careful review of the most important observations on record leads him to the inference that the crowding of the articular surfaces together by muscular action has no such effect. What mainly points to this inference is the fact that the primary lesions are not usually to be found in the superficial structures that enter immediately into the formation of the joint, but rather in the cancellous texture of the bones. This conclusion, however, casts no doubt upon the utility of the extension treatment, but simply leads to this interpretation of its beneficial action: Aside from the fact that we are compelled, empirically, by reason of its anodyne quality, to use traction, there is ample rational ground for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the most efficient means known to surgery for the solution of that difficult problem, the immobilization of the hip-joint; and, finally, immobilization is indicated by every feature of the pathology as revealed in morbid specimens.

Asphyxia Neonatorum.—Dr. Grenet, in a paper read before the Paris Society of Practical Medicine, recommends strongly the use of hot water in bringing to life infants who do not begin to breathe after birth. The method (Goyard's) is easily practiced, and does not hinder the use of other means of setting up respiration. The child is plunged at once into a vessel of water as hot as it can be borne by the hand (120° F.), and the arms are raised and lowered alternately to simulate the natural movements. In a minute or two the asphyxiated infant begins to grow rosy and to gasp, and presently cries out. Such, at least, is Dr. Grenet's experience.—*Four. de Méd.; Lond. Pract.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ"

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE KENTUCKY STATE BOARD OF HEALTH.

The fourth annual report of this Board has just been placed in our hands. It is a neat volume, in paper, of one hundred and nine pages. The statistical portion of the work contains a full set of tables, which record the births and deaths occurring in each county of the State during the year 1880; a record in which the deaths in each county for the years 1879, 1880, and 1881 are placed in parallel columns; and a table, similarly arranged, in which the deaths caused by consumption during the same years are recorded and compared. Besides these records may be found copies of the various acts of the State legislature, framed from time to time, for the regulation of sanitation and the setting forth of the functions of the State Board of Health, which serve to show in unmistakable lines the growth of sanitary ideas in the minds of our law-makers.

The work further contains the report of the Committee on General Sanitation for 1879; and a report of the Finance Committee made April 1, 1882, which proves, by showing an expense-account of \$2,292.08, and a balance of \$1,007.98 in the treasury over against a balance brought forward in April 1, 1881, of \$460.28 and receipts for the current year (1882) of \$2,839.78, the integrity and frugality of the gentlemen to whom the work has been intrusted.

It also presents an article on the Registration of Vital Statistics, by James W. Hol-

land, M.D., and the report of the secretary, Dr. Jno. J. Speed, relating to the aspects of general sanitation in the State. Taken for all in all, it will be found to be a treatise of substantial value to the political economist, the physician, and, most of all, to the people at large.

When we take into account the by no means royal appropriation made by the Kentucky General Assembly for the advancement of State medicine, we are surprised that so much good work has been done, and must congratulate the Board and its able secretary upon the efficiency and thoroughness of an organization which has enabled them to make so fair a showing upon such slender support.

The system of inspection of State institutions, alluded to in the secretary's report, develops the fact that their managers own the wisdom of making these places models of sanitary fitness, and evince a disposition to carry out the wishes of the Board in every particular. The sanitary condition of our State institutions, with the notable exception of the penitentiary, is well-nigh above criticism; but the prison, notwithstanding the praiseworthy efforts of Dr. Gober to bring it up to a point approximative of modern sanitary requirements, must still be "regarded as one of the most unsanitary buildings in the country and a standing reproach to humanity."

The suggestions of the secretary relative to the possible prevention of consumption, the prophylaxis and management of small-pox and other epidemic diseases, are abreast with the scientific knowledge, and in accord with the spirit, of the day. The directions.

given for the carrying out of simple and popular sanitary measures are also timely and to the point.

In considering the question of sanitary education, Dr. Speed makes a vigorous appeal to the profession, and clearly sets forth the duty of the physician in this particular in a few logical and aptly illustrated paragraphs. In one of these he says:

You professional men who are the leaders of public opinion upon questions of health and disease, must see to it that that opinion takes the proper direction. Each one of us at a center must see to it that the light reaches the circumference of whatever circle bounds our being. No apology for unbelief, so far as we are concerned. Facts upon facts, piled mountain high, lie directly across our pathway. To deny the facts is to deny the progress and the results of science for half a century. Unjust to our profession if we deny them—unjust to the people who trust us if we fail to warn them. Not elaborate treatises, not the heavy reading of profound philosophers, but the simplest primers—the elementary fly-leaves of sanitary science—teach enough to revolutionize any county in Kentucky. Each one of our twenty-five hundred doctors should be a burning flame, at which smaller tapers should be lighted till the whole field is covered. Men, women, and children will then walk more safely because they have more light. Forever, from of old, when the blind lead the blind they both fall into the ditch. They will continue so to fall till man's pathway is lighted by hygienic teaching.

Referring to diphtheria and its ravages in New York, Michigan, and Iowa, the secretary says of the sanitarians in these States:

They regard it as essentially contagious, and publish and enforce very rigid rules with an eye to its restriction. If Kentucky is to benefit by their experience, she must guard against exposure and isolate the cases as they occur. The disaster it has wrought in New York, in Michigan, in Iowa, is warning enough to put us on our guard. One child, foot-loose, unrestricted in its range, may infect a whole school. The same child, isolated, saves the neighborhood from the terrors of a very formidable malady. Forewarned, forearmed. Shut up your child, and you protect your neighbors as well as any further spread in your own family.

And further, in regard to several preventable diseases, and the sanitary measures required to forestall them, we have the following practical suggestion:

Take four or five diseases which are familiar to us all—scarlatina, hooping-cough, measles, typhoid fever, and diphtheria—run your eye over the columns in this report, and you find that death has come to a thousand of your people from these alone, and yet sanitarians tell us that they are preventable diseases.

Now, whose households have been invaded by these diseases? Answer for yourselves. Has mine, or mine, or mine? If so, then take the advice of your health-guardian and *prevent* the same disaster hereafter. Suppose it costs you money to drain and cleanse and disinfect your house and by all possible means purify your atmosphere. You save your child. Is your child worth no money to you? Cleanliness and isolation of the case are words which can not be repeated too often. Keep others away from a contagious disease, and purify or burn your sick-room clothes, and others are safe. The clothes and the disinfectants cost something, but life is saved. Stinginess won't pay—ignorance won't pay. A dead child ought to open your purse-strings and put you on guard for tomorrow.

We are glad to know that provision has been made for a wide distribution of the report, through the agency of our local boards, and we hope that by this means a copy may find its way into every house in Kentucky. There seems to be, as the years roll round, a steadily increasing interest in sanitary science, and, comparing the present status of the civilized world in this particular with the past, the philanthropic apostle of public health may take heart and be of good courage; but we have as yet scarcely passed the threshold of the outer door of the vestibule which leads into the sacred temple of Hygeia, nor does it seem that the inner courts will be reached for yet many years to come. The organization of boards of health is a real step in this direction, and while through their work the cause is making visible progress, it is to the profession, and through them to the people, that we must look for the realization of the sublime possibilities of preventive medicine. But the people will remain listless until they can be made to see and feel the necessity for action in this field of labor, and documents like the report under review will do more for popular education in sanitary science than any means so far devised. The people

must be taught that sanitation is a duty; and while they are made to esteem it as such from the standpoint of social good and commercial advancement, they must also be made to feel that in its issues there is imposed upon them a most serious responsibility, since every preventable death in the land must be charged to the score of criminal ignorance or neglect. The general Government, the State, the municipal authorities, and the medical profession shall not escape condemnation, if they come one whit short of their full duty in this regard; but standing back of or under these are the people at large, by whom at last the stigma must be borne.

REGISTRATION OF MEDICAL PRACTITIONERS IN PENNSYLVANIA.—From an abstract of a report of the Committee on Medical Legislation recently read before the Medical Society of Pennsylvania, and published in the Philadelphia Med. and Surg. Reporter, it appears that the Pennsylvania doctors are in favor of registration, since among 6,942 practitioners (the estimated total number in the State) only five hundred failed to have their names placed upon the list. One hundred and five women have registered. In the profession of Pennsylvania nearly every medical school in the United States is represented, while many may be found who claim for their *Alma Mater* some one of the schools of Great Britain, Ireland, Germany, Austria, Switzerland, France, or Canada. Of the 6,492 registered physicians, 3,947 were graduated by schools in Pennsylvania, 1,610 by schools in other States, and 94 by schools in foreign countries.

The medical colleges of Louisville are represented as follows: University of Louisville, 61; Kentucky School of Medicine, 7; Louisville Medical College, 4.

We notice that under the list of colleges one is marked "unintelligible," and is represented by five practitioners. Whether this rather obscure appellation is the real name of some school not known to the American Medical College Association, or a mantle of

charity thrown over some of Dr. Buchanan's alumni by the humane registrar, will probably remain as one of the unfathomable mysteries of medical legislation.

MISCELLANY.

LIGATION OF THE ARTERIA INNOMINATA.—Mr. William Thompson, of the Richmond Hospital (House of Industry), Dublin, ligatured the innominate for the relief of aneurism on the 9th of last June. The patient survived the operation forty-two days, dying on the 20th of July. So recent a performance of this rare, difficult, and doubtfully-justifiable operation has stirred up the interest of the British surgeons and given rise to several learned comments in the English medical journals. From an article on the case in *The Lancet*, it would seem that it is not known positively how often the operation has been performed. Five cases are attributed to Dupuytren, Lynch, Pirogoff, Berglesky, and Preiscotto, which do not rest on sufficient evidence to warrant their admission into the authoritative list of cases. In all of these the operation, whatever it was, proved fatal. But there are twelve undoubted cases performed respectively by Mott (1818), Graefe (1822), Norman (1824), Arndt (1824), Hall (1830), Bland, Lizars (1837), Huntin (1842), Cooper (1859 and 1860), Gore, and Smyth. Of these, eight perished from hemorrhage, one from acute pericarditis, one from inflammation of the sac of the aneurism and pleuro-pneumonia, and one from blood-poisoning. Smyth's case is the only one that recovered, and this only after the patient had suffered four attacks of secondary hemorrhage and had had the vertebral artery ligated. The fact that the patient may seem to be doing well many days after the operation is no evidence that danger may not be impending. In Graefe's case death occurred from hemorrhage on the sixty-seventh day, and in one of Cooper's on the forty-first day.

Recent surgical advances have altered the position of the operation to some extent, for they have provided us with several materials which, while successful in leading to a permanent occlusion of the artery, do not cause suppuration of its coats. This removes one great source of danger. But the deep position of the artery, its shortness, and its relations to other important structures render the procedure a very difficult one. There

are at least four cases reported where the surgeon has been unable to complete the operation.

CARBOLIZED NERVES AS LIGATURES.—Dr. Jno. A. Wyeth, of New York city, publishes in the Archives of Medicine for June an account of certain experiments which he has made with carbolized nerves as ligatures. The advantages presented by nerve-tissue for this purpose are, that it is easily obtained in a perfectly fresh state from the butcher, is strong by virtue of its neurilemma, and soft, because each nerve-fiber is surrounded by the cushion-like white substance of Schwann. He tied the carotid in a horse and also in a greyhound with the carbolized nerves, and found on subsequent dissection (in the fifth week after the operations) that while the artery was completely occluded its continuity was unbroken, there being only a depressed ring, scarcely perceptible, at the point where the ligature had constricted it. The ligature, moreover, had undergone complete absorption. The superior strength and smoothness of nerve-tissue seem to bespeak for it great advantages over the animal ligatures now in use.

THE AMERICAN SOCIETY OF MICROSCOPISTS held a four days' meeting at Elmira, N. Y., during the present week. The programme embraced two daily sessions for scientific work, an entertainment of the members of the American Society by the Elmira Microscopical Society, an excursion to Watkin's Glen, a banquet at the Glen Mountain House, and a ride on Seneca Lake. Our valued contributor Prof. J. B. Marvin, now away upon an eastern tour, expected to be present at the meeting, and we hope to receive from him some account of its proceedings.

A CENTURY OF A PROFESSORSHIP.—The professorship of anatomy, now held by Dr. Oliver Wendell Holmes, was established in 1782, when the Harvard Medical School was founded. The position was first filled by Dr. John Warren, who was succeeded by his son, Dr. John Collins Warren, and in 1847 Dr. Holmes assumed its duties upon the resignation of Dr. Warren. There is no other institution in the country where for a century a professorship has been held by only three men.—*Boston Jour. of Chem.*

SMALLPOX and measles are very prevalent in Ireland, and are making fearful havoc among the people.

IMMUNITY OF THE CHINESE FROM DISEASE. The medical officer of the State Board of Health of San Francisco has given his testimony as to the effects of residence among the Chinese, which has been laid before the Congress. He states that he never knew any disease or pestilence originating or spreading in the Chinese quarter. He admits that the Chinese live quite close, and attributes their healthy condition and immunity from disease to their frugal life. "They eat," he says, "only what is necessary to live upon. They eat to live, and do not live to eat. They are clean in their habits, and they drink no whisky. I have never seen a drunken Chinaman in my life. They consequently obtain a better resisting power to the attack of disease. They constantly wash themselves, and keep themselves and their clothes clean. The death-rate is greater among the whites than among the Chinese—greater with adult white people than with adult Chinamen. There have been no epidemics among them, and there has been less smallpox among them than among the whites, the ratio of population being allowed."—*Boston Jour. of Chem.*

A CHEMICAL POULTICE.—Borax crystallizes in two different forms, depending on the temperature of the crystallizing solution. The octahedral crystals are obtained from the saturated solution at a temperature exceeding 135° F. At a temperature lower than this we get the prismatic crystals, such as we always find it. Wideman has observed a very remarkable fact, which is unparalleled. If either of these different kinds of borax be carefully calcined and powdered, it will be found by wrapping the powder in a moist linen cloth that it will rapidly acquire an elevation of temperature which never exceeds 176° F. Other saline, calcined bodies become heated to a very much higher degree when assimilating water. Peligot takes occasion to suggest its employment for many practical purposes.—*Chemist and Druggist.*

ENDOGENOUS PROLIFERATION.—Our esteemed contemporary the Cincinnati Sanitary News appears this month with an additional title and an increase of eight pages in its reading matter. The new name assumed is Clinical Brief, the old name Sanitary News being retained as a sub-title. Clinical Brief and Sanitary News is then the euphonious motto inscribed on its banners, and the one under which, we doubt not, it will march to victory.

THE ANTI-FAT DIETARY.—Our corpulent friends may be interested in the report of Mr. Joseph Harrass's attempts to get rid of his superfluous burden of flesh, especially as the dietary followed does not seem, on the face of it, to be an objectionable one, and has not proved injurious to health in his case. The facts are stated in the *Herald of Health* as follows:

He was corpulent, had irregular and feeble action of the heart, tendency to fainting, difficulty of breathing, and many disagreeable sensations in the head indicative of nervous exhaustion. Height, five feet six inches; normal weight, one hundred and fifty pounds; age, fifty-nine; weight at beginning of treatment, two hundred pounds. Began treatment October 8th. Treatment as follows: Breakfast—Vegetables, brown bread (toasted), water, with lemon-juice, and occasionally oat meal. Dinner—Vegetables, brown bread, water, and plain pudding. Supper—Brown bread (toasted), stewed fruit, and water. No tea, coffee, cocoa, or milk, except skimmed, and only a trifle of butter. Result:

End of October weighed	187 lbs.
“ November weighed	182 “
“ December weighed	177 “
“ January weighed	174 “
“ February weighed	173 “
“ March weighed	170 “
“ April weighed	168 “
“ May weighed	166 “
“ June weighed	166 “
Present weight	150 “

All the distressing symptoms have been relieved, and the patient is so well he can again carry on his business. His physical and mental strength have been greatly increased.

Mr. Harrass says he has suffered no serious discomfort from his diet, except when away from home, and he feels as if he had learned an important lesson as to how to reduce his corpulence—which has been such a source of discomfort—and once more enjoy life.—*Boston Jour. of Chem.*

A NEW CINCHONA ALKALOID.—Several English chemists have found in Flueckiger's China cuprea an alkaloid which, although it in several respects closely resembles quinia, must nevertheless be considered a new one. It has provisionally been called cupreine. The *Cuprea cinchona* forms vast forests in Columbia, and has been exported since 1871. It varies very much in value, some specimens containing no quinine, others up to two per cent.—*New Idea.*

BACTERIA AS A CAUSE OF DISEASE.—As to the opinion entertained by some gentlemen that bacteria are only the products of decomposition, or harmless cells scattered throughout nature, and present merely as a consequence in disease, and that they have no influence in its origination, I have only to say that accumulating experience and research is against them, and that it is just as certain that they *are* capable of originating disease as that the saccharine fluid called “brewers' wort” is converted into alcohol and carbonic acid solely by the initiatory action of the cells of the yeast plant. May it not be that the peculiar fact of a certain stamp being impressed upon the blood by the passage through it of a zymotic germ, which enables it to resist the onset of the same disease a second time, is somewhat analogous to the state produced in alcoholic and fermented liquids by the effect of the yeast plant in the rearrangement of the primary saccharine elements?—*David Goyder, M.D., in Med. Press and Circular.*

A LESSON IN CHEMISTRY.—Some time ago the director of the museum was granted leave to provide himself with apparatus and chemicals in order that he might make some experiments for the benefit of the club. Being now called upon to report progress, he came forward with his first experiment. Taking up an egg he explained its proportions of lime, albumen, and sugar, and broke it into a tin dish. He then poured in a gill of whisky, and explained that whisky was the juice of corn, and was principally used to tone up the system, prevent baldness, cure lockjaw, and produce pleasant dreams. He then grated in a little nutmeg, and explained that the nuts could n't grow in this country on account of the weather fooling around so much. Milk was added without comment, and the mixture well shaken and poured out in a tumbler and handed to the president. He gulped it all down with evident relish, and remarked that he should hereafter encourage chemistry with all his might.—*Detroit Free Press.*

DR. ANDREW BUCHANAN, late professor of physiology in Glasgow University, died July 2d at the advanced age of eighty-four. He graduated in the Glasgow University exactly sixty years ago. Though distinguished as a physician and a teacher, his name will be associated mainly with the rectangular staff for lithotomy, which he invented, and which bears his name.

CONTAGIOUSNESS OF CONSUMPTION.—C. R. Drysdale, M.D., writes to the Medical Press and Circular: Dr. Koch's experiments are only a further extension of the memorable discovery made some twelve years back by Dr. Villemin, and which I was so deeply interested in at the time as to repeat, by inoculating a number of rabbits at the North London Consumption Hospital with the fluids of consumptive patients. We all know the history of these inoculations, and how, after the subject has been thoroughly debated, the vast mass of the profession is still skeptical as to the contagiousness of pulmonary consumption. For myself, I must say that, although I have, like others, seen a certain number of cases of consumption where the fatal disease had previously been present in the husband or wife of the patient, yet, on the whole, the overwhelming mass of cases of consumption I have seen have no history of a like kind. Among the richer classes, where our patients are well fed and cared for, I have almost always noticed that consumption supervenes in families where the father, mother, or near relatives have died of it; and this is so constant that I feel quite unable to accept the view of consumption being in any degree contagious.

RELIGION AS A THERAPEUTIC HELP.—It is not often that scientific men enroll religion among therapeutic agencies. Dr. Stephen S. Alford, however, in an article on the Practical Treatment of Dipsomania, does this. After recommending total removal of alcohol from the patient in acute attacks, with substitution of bromides, capicum, Russian baths, acidulated drinks, diluent foods, etc., he advises tonics and a gradual education of the moral strength. He says, "Religious influence is important in the second and subsequent stages of treatment, and to sustain the abstinence that must be religiously observed under all circumstances throughout life. This conquest of self, and keeping the morbid craving in subjection, few men can accomplish. At times, even after years of abstinence, the desire will be most distressing and overpowering. It is refreshing, under such circumstances, to recognize and experience the existence of a Higher Power, who will give the necessary help to all who really believe in it and ask for it.—*Boston Jour. of Chem.*

A SMALLPOX epidemic of large proportions prevails at Cape Town.

ANNATTO PLANT (*Bixa orellana*).—French, *rocou roucou*; German, *orlean*; common name, *annatto*, *annotta*, *arnotta* (without which most of our butter, the winter butter at all events, would appear on our breakfast-table with a sickly, whitish hue) is the reddish pulp surrounding the seeds in the fruit of the annatto plant. It is a handsome, middle-sized tree, growing throughout Brazil and Guiana, with pinkish-white flowers and heart-shaped leaves. The preparation of the dye-stuff is very simple, and consists essentially in soaking the pulpy mass with the seeds in water, whereby the coloring separates and is formed into cakes. For the uses of the dairy the annatto as obtained in trade is dissolved either in water, spirits, or sweet-oil, and filtered. Very little, however, is required to give a good color to butter. In its purified state it is entirely without taste and smell, and perfectly harmless. The isolated coloring-principle is called *annatoine*, and the commercial solutions used for coloring butter and other fats are called "butter-color," with some fanciful prefix, as golden or buttermilk or safranine butter-color.

CHEKEN.—*Eugenia cheken*, nat. ord. *Myrtaceae*, is indigenous to the forests of Chili, and has been long in use by the natives as an aromatic astringent. It has been used with great success in bronchitis, catarrh of the bladder, and other affections of the mucous membranes. It yields an essential oil. The dose of the fluid extract is two fluid drams in a little water every four hours.—*New Idea*.

QUINETUM SULPHATE A CURE FOR HOOPING-COUGH.—A writer in the London Lancet of July 15th, signing himself M. B., recommends the use of sulphate of quinetum in large and frequently-repeated doses, even in very young children, for uncomplicated hooping-cough.

A CHEMICAL COMPARISON.—The doctrines of the Russian Nihilists, German Socialists, and French Communards, says Maxime Du Camp, are like spirit of salt, muriatic acid, and hydrochloric acid—one and the same poison under different labels.

PROF. HUXLEY is understood to be now engaged on a work which he and his friends think will prove to be the most interesting of his life. It deals with Bishop Berkeley and his contributions to mental and medical science.—*Med. Press and Circular*.

Original.

CAUSES OF CHOLERA INFANTUM.

BY R. B. GILBERT, M.D.,

Demonstrator of Anatomy, University of Louisville.

This being the season of the year when intestinal diseases in infants are met with daily, varying in severity from the milder forms of non-inflammatory diarrhea to the graver forms of cholera infantum, I desire to offer some suggestions in reference to the latter, discussing especially its causes.

At the recent meeting of the American Medical Association Dr. N. S. Davis, of Chicago, read a paper* before the Section on Diseases of Children, in which, after citing improper feeding, teething, unhealthy mothers, impure air, etc. as causes of this disease, he concludes that the chief cause of cholera infantum is a heated atmosphere with consequent relaxation of the system through the natural law of expansion; the vital force is thus lessened and the child is deprived of its usual quota of oxygen, because the air contains less of this gas when heated than at a lower temperature.

It is a well-known fact that noxious gases are quite active in precipitating an attack of cholera infantum or serous diarrhea. I have repeatedly noticed this, especially after the infant has been compelled to inhale the foul gases emitted from privy-vaults. Two cases recently came under my notice in which the disease was developed in less than one hour after such exposure. The infants were in charge of servant-girls, who for convenience had taken them into the privy, where they had remained for a space of ten or fifteen minutes, the children having been in perfect health previous to this exposure. Another case occurred last summer under the following conditions: An infant, aged eight months, living in this city, on Congress Alley, had through the summer been in good health until, one hot night in August, a city night-cart broke down in front of the house, spilling its load of filth upon the ground. Men were speedily put to work gathering up the material and disinfecting the surface of the ground and gutters, but the stench was almost intolerable for several hours. This infant was taken with cholera infantum before sunrise, and I learned that there were several other cases in the immediate neighborhood. In these cases it is probable that the gases which precipitated the

attacks were sulphuretted hydrogen and carbonic acid.

Another common cause of intestinal irritation in infants, which of course comes under the general head of "bad food," is the presence of colostrum in the mother's milk. There are various conditions of the mother under which this substance—which is not only indigestible, but a decided irritant—may make its appearance in the milk; viz. menstruation, pregnancy, mental anxiety, etc.; but a condition which under my observation has caused the appearance of large quantities of colostrum in the milk is prolonged sexual excitement; and, so far as I am aware, attention has not heretofore been called to this fact. I will report a few cases from some notes in my memorandum-book.

Two summers ago Mrs. B., of Nashville, visited this city, bringing with her a healthy infant six months of age. After about three weeks' time her husband visited her, and on the morning following his arrival their child was attacked with a violent serous diarrhea, complicated with convulsions, which terminated in death in thirty-six hours. On inquiry the mother admitted that at three successive intervals during the night she and her husband had indulged in sexual intercourse, and that the child had been put to the breast immediately after each act.

Another case was that of an infant wet-nursed by a mulatto woman for a delicate lady. The nurse had remained at the lady's house, day and night, caring for the infant exclusively for a period of five weeks, during which time the child remained in perfect health. The husband of the nurse having returned from a protracted trip to New Orleans as porter on a steamboat, she was permitted to go home and spend the night with him, upon promise to return early next morning; which promise she kept, returning fagged and weary (as the lady described her), and immediately gave the breast to the infant. In an hour or two thereafter this infant was seized with severe symptoms of cholera infantum. I was asked to see the child, and, after hearing the history of the case, at once suspected colostrum in the nurse's breast consequent upon a night of venery, which the nurse admitted on interrogation. The microscope showed an abundance of colostrum in a sample of her milk procured as late as 9 o'clock A.M. upon this day.

I will mention still another case occurring during the heated term of last month (June, 1882). The husband (a stout laboring

* LOUISVILLE MEDICAL NEWS, Vol. XIII, page 292, 1882.

man) of a healthy Irish woman with an infant ten months old, had been absent about twenty days, but returned early on one Sunday morning. During the day and evening he had sexual intercourse several times with his wife, and the infant was put to the breast and allowed to nurse freely during the intervals between the sexual acts. Two hours before daylight, on the following Monday morning, I saw the child presenting a typical case of cholera infantum, which came very near terminating fatally.

I could report a number of other cases similar to the above, but believe these sufficient to suggest, if they do not demonstrate, this theory of causation.

In conclusion, I would suggest that while we are busy in correcting the various conditions which have hitherto been admitted as causes of cholera infantum, it would be well to caution the nursing mother against protracted sexual excitement, and especially against putting her infant to the breast very soon after such indulgence; possibly in three or four hours after sexual intercourse the milk may regain its normal condition. We should not lose sight of the fact that during dentition the physiological process known as development of the gastro-intestinal follicles is also taking place, which causes a great determination of blood to the parts, thus rendering the intestinal mucous membrane hypersensitive and more easily deranged by any indigestible substance in the infant's food no matter how produced.

LOUISVILLE.

Reviews.

Der Uranismus: LÆSUNG EINES MEHRSTAUSEND-JÄHRIGEN RÄTHSELS. Von W. Bernhardt. Berlin, 1882: Verlag der Volksbuchhandlung. (Bernhardt.)

This pamphlet is devoted to a discussion of the ancient vice of pederasty, interest in which has been revived through a recent able discussion of sexual perversion by Krafft Ebig. The author devotes special attention to the question as to whether pederasty should be considered as a crime calling for legal punishment or a disease requiring medical treatment.

From an article on this subject in a recent number of the *Journal of Neurology and Psychiatry* it appears that Casper was the first to recognize the fact that the love of women for women (Lesbian love) and of men for men may be of a diseased nature. Westphal

questions whether it is always pathological, and Krafft Ebig believes that this doubt should be carefully weighed. In seventeen cases analyzed by the latter author the patients (all except one, and this one temporarily so) were neurotic, presenting positive insane manifestations, and in the ancestry of thirteen of these the author found hereditary taint in the form of insanity.

As a rule, these patients do not indulge in pederasty, but abhor it as much as do persons in a normal state; and in view of this fact the author contends that all enactments against unnatural intercourse should specify and be limited to pederasty, the abuse of girls under fourteen years of age, and of animals. "Thus the sufferers from sexual perversion might be allowed to follow their tendencies to any extent not involving, through unnatural intercourse, an injury to themselves, to the rights of others, or public scandal."

Transactions of the Indiana State Medical Society (1882), THIRTY-SECOND ANNUAL SESSION, held in Indianapolis, May 9, 10, and 11, 1882. E. S. Elder, M.D., secretary. Indianapolis, Ind.: Carlon & Hollenbeck, printers, etc.

The Transactions for this year are issued in a handsome volume, which gives evidence of more care in getting the work through the press than is usually seen in similar publications.

The volume opens with the president's address, and this is followed by twenty papers from well-known practitioners in our sister State. The subjects discussed in these articles are for the most part practical, and give evidence of hard work, close observation, and careful study on the part of their authors. The Indiana State Society is certainly a live institution.

The secretary advertises that he is anxious to make a collection of copies of the proceedings of the society from its organization in 1849 to 1873. Those of our readers who possess any of these copies, and are willing to part with them, will confer a favor upon the society by informing the secretary of the fact at once.

THE sardine has disappeared from the coast of Brittany, where it used to bring the fishermen an annual revenue of fifteen million francs. M. Blavier thinks that some change in the direction of the Gulf Stream may account for the fact.

Books and Pamphlets.

THE LUMBER WORLD: A Journal of the Production and Utilization of Lumber. Buffalo, N. Y., August, 1882.

JUSTICE: A weekly Newspaper devoted to Anti-monopoly Principles. Vol. I, No. 1. New York: Justice Publishing Company, 252 Broadway.

PROCEEDINGS OF THE SEVENTH ANNUAL SESSION OF THE SOUTHERN ILLINOIS MEDICAL ASSOCIATION, held at Carbondale, Ill., May 17 and 18, 1882.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR THE YEAR 1882. Vol. VIII, No. 2. Lansing: N. S. George & Co., printers.

OBSERVATIONS ON STRABISMUS. By M. F. Coomes, M.D., Professor of Physiology and Diseases of the Eye and Ear in the Kentucky School of Medicine.

DIPHThERITIC ULCERATION OF THE AIR-PASAGES, AND ITS RELATION TO PULMONARY PHTHISIS. By Jno. N. McKenzie, M.D., of Baltimore. Reprint.

A REVIEW OF DR. WOOTEN'S REVIEW OF THE CAUSES THAT LED TO THE DEATH OF THE LATE ADJUTANT-GENERAL JNO. B. JONES. By Drs. Norris, McLaughlin, and Swearingen. Austin, Texas: Eugene Von Boeckmann. 1882.

LETTERS AND FACTS NOT HITHERTO PUBLISHED TOUCHING THE MENTAL CONDITION OF CHARLES J. GUITEAU SINCE 1865. Submitted to the President of the United States by Jno. W. Guiteau, in the matter of the application for a commission *de lunatico inquirendo*.

TWO CASES OF TINNITUS AURIUM CAUSED BY DISTURBANCES IN THE CURRENT OF CERVICAL BLOODVESSELS; OTITIS MEDIA CATARRHALIS; OBJECTIVE SOUNDS (SPASMODIC CONTRACTION OF TUBAL MUSCLES?); NERVOUS ORIGIN; HYSTERIA. By R. C. Brandeis, M.D., New York. 1882. Reprint.

A RATIONAL MATERIALISTIC DEFINITION OF INSANITY AND IMBECILITY, with the Medical Jurisprudence of Legal Criminality, founded upon Physiological, Psychological, and Clinical Observation. By Henry Howard, M.R.C.S. Eng., for the last twenty-two years connected with asylums for the treatment of the insane. Montreal: Dawson Bros. 1882.

THE MEDICAL CHRONICLE. Vol. I, No. 1, August, 1882. Baltimore. Geo. H. Rohé, M.D., editor. Issued monthly.

Well filled with original articles, editorial notes, and miscellaneous items of medical news, this new candidate for professional favor will well repay perusal.

PRACTICAL MEDICAL ANATOMY: A Guide to the Physician in the Study of the Relations of the Viscera to each other in Health and Disease, and in the Diagnosis of the Medical and Surgical Conditions of the Anatomical Structures of the Head and Trunk. By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy, late Lecturer on Genito-urinary and Minor Surgery in the Medical Department of the University of New York, etc. No. 6 of Wood's Library of Standard Medical Authors (June) for 1882. New York: William Wood & Co. 1882.

Formulary.

CURARE IN THE TREATMENT OF EPILEPSY.

Kunze treated thirty-five patients suffering from epilepsy, with completely successful results in nine of them, by means of curare. The published cases show that complete recovery occurred in very severe cases of epilepsy, even when the disease had existed for years, and the intellectual faculties had become affected. Acting upon these results, Prof. Edlesen has investigated anew the effects of treatment by curare in certain grave cases of epilepsy, since the effects of treatment, whether by the bromides or by atropia, are not so entirely satisfactory as to render all other methods superfluous. He employed the formula recommended by Kunze, filtering the solution before injecting it:

R Curare..... gr. $\frac{5}{8}$; 0.05 Gm.;
Aq. dest..... 3j $\frac{1}{2}$; 5.00 Gm.;
Acid. hydrochlor..... gtt. j.

Digest for twenty-four hours, and filter.

Of this solution one third is to be injected every five days; as a rule it neither causes much pain nor any noticeable reflex symptoms; in no case did it cause any toxic phenomena; still, it is necessary to ascertain the trustworthiness of the preparation of curare before employing it. Two cases of hystero-epilepsy were not benefited by this treatment, while of thirteen cases of true epilepsy, the majority characterized as severe cases of old standing, six were not permanently improved, while three were completely, and up to the present, permanently cured. Three other cases, although not cured, were distinctly improved, the attacks being interrupted for several months. One case is still under observation, and promises to be successful. Prof. Kunze recommends that the treatment be given up if there are no signs of improvement after the fourth or fifth injection.—*Centralb. f. Klin. Med.*

Dr. G. Ferraud sums up the recent results of treatment with bromide of potassium at the Salpêtrière, Paris. The cases of eighty-nine female patients are analyzed as follows: thirteen per cent very greatly benefited, fifty-seven benefited, eighteen slightly benefited, twelve not benefited. Minimum daily doses of seventy-five to ninety grains for women and ninety to one hundred and twenty grains for men are recommended. Lagrand du Saulle continues to give the salt on six days of the week for the first three months after the fits have ceased for a year, and afterward on three successive days in each week. Arsenic is found useful in the acne produced by the bromide, and to avoid serious weakening of the memory coffee is ordered for all patients whose daily dose is more than one hundred and five grains.—*Neurolog. Centralb.; Lond. Pract.*

IODOFORM DISSOLVED IN ESSENTIAL OILS.

Iodoform is soluble in the following essential oils in the various ratios given:

In oil of turpentine.....	4 per cent;
" " lavender.....	7 "
" " cloves.....	8 "
" " fennel.....	9 "
" " lemon.....	9 "
" " rosemary.....	14 "
" " cinnamon.....	14 "
" " caraway.....	16 "

Selections.

On the Treatment of Convulsions in Children.—By Eustace Smith, M.D., F.R.C.P. (London Lancet):

When called to a case of convulsions the practitioner should lose no time in questioning the attendants, but should have the child placed in a warm bath of the temperature of 90° F., and apply sponges dipped in cold water to his head. This is the time-honored remedy. It is certainly an innocent one; it may tend to quiet the nervous system; and it is one the efficacy of which is so generally recognized among the public that it would be unwise to court unfavorable criticism by neglecting to employ it. The bath must not be continued too long. In ordinary cases the child should be allowed to remain in it for ten or fifteen minutes, according to his age. If, however, the patient be an infant who has lately been reduced by an exhausting diarrhea he should not be allowed to remain more than two or three minutes in the hot water, and cold applications to the head must be dispensed with. If the convulsions have ceased when the case is first seen the bath need not be used; but we should not omit to have the child completely undressed, and then to see that he is placed, lightly covered, in a large cot, and that the room in which he lies is well ventilated and not too light. Care should be taken to unload the bowels by a large enema of soap and water, and if the child be noticed to retch, his stomach may be relieved by a teaspoonful of ipecacuanha wine. In the case of a teething infant opinions differ as to the propriety of lancing the gums. There is no doubt that this operation is a useless one if employed with any hope of hastening the evolution of the teeth; but if the object be to relieve pain and tension I consider the practice judicious, and never hesitate in such circumstances to have recourse to it. If it be desirable to remove all sources of irritation, surely such a source of irritation as a swollen and inflamed gum should not be disregarded. Lastly, if it can be discovered that the child has had pain in the ear, or if the tympanic membrane can be seen to be red, the ear should be syringed out and fomented with hot water, and, if thought desirable, a leech may be applied within the concha, the meatus being first plugged with cotton wool.

If in spite of these measures the convulsions return, or signs are noticed of continued irritability of the nervous system, it is best to administer a dose of chloral. Two or three grains can be given to a child between six and twelve months old; and if the patient be unable to swallow, half as much again may be administered by the rectum dissolved in a few teaspoonfuls of water. If necessary, the dose can be repeated two or three times a day. Bromide of ammonium and belladonna are also largely employed in these cases. The former can be given in three- or four-grain doses every two hours to a child of from six to twelve months old; the second in ten or fifteen-drop doses two or three times a day to a child of the same age. Infants are so tolerant of this drug that it should be given to them in a dose which can produce some appreciable effect. In the convulsions of whooping-cough where the spasm of the glottis is extreme, treatment by bromide of ammonium or potassium is especially indicated. The bromides are well borne by quite young children, and we should

not fear ill consequences from what may appear a very large dose. Chloroform is often employed, but it is decidedly inferior to chloral and much more troublesome.

If the child has been lately the subject of exhausting discharges warmth should be employed, and stimulants, such as the brandy-and-egg mixture of the British Pharmacopeia, be given energetically. If the convulsive attacks are followed by signs indicative of intracranial mischief, such as stupor, squinting, ptosis, etc., the child should be kept quiet and an ice-bag be applied to his head. In all such cases the treatment must be conducted according to the condition from which the convulsion is supposed to have arisen.

When the convulsions have ceased, and signs of irritability of the nervous system are no longer to be observed, we must take steps to improve the general condition of the patient. His bowels should be attended to and his diet be carefully regulated. If rickets be present it must be treated. Most children in whom the convulsive tendency exists are benefited by iron wine and cod-liver oil, for their nutrition is usually at fault, and both the alcohol and the iron contained in the wine are beneficial, while the oil is of the utmost value in supplying nutritive deficiencies. Fresh air, too, is of the utmost importance, and the child should be warmly dressed and be taken regularly out of doors.

Hypophosphites in the Treatment of Cancer of the Breast.—The Pittsburgh Medical Journal extracts the following from the annual address of Dr. Hunter McGuire, published in the Transactions of the Medical Society of Virginia:

About ten years ago I began to give my patients, after operating for carcinoma of the breast, hypophosphites of lime and soda, more with a view to its general tonic effects than with any idea of its acting as a special alterative in cases of this malady. I had at one time in hospital and private practice four cases convalescing from the operation of excision of the breast for cancer. They were suffering from the exhaustion consequent upon the operation and confinement, and all of them needed tonics. For some reason, which I do not now remember, I gave two of them iron and quinine and the other two hypophosphites of lime and soda.

Hypophosphite of lime and soda..... $\frac{3}{4}$ ss;
Dilute phosphoric acid..... $\frac{3}{4}$ ss;
Distilled water..... $\frac{3}{4}$ viij.

M. S. Teaspoonful in water three times a day.

The latter improved so much more rapidly than the former that I could not help being impressed by it. The difference in convalescence, in favor of the two who took the hypophosphites, could not be ascribed to difference in their ages, general health, or surroundings, but appeared to me to be due to the powerful alterative and tonic effects of the hypophosphites of lime and soda.

Since I first observed the good effect of hypophosphites of lime and soda I have given it to every patient upon whom I have operated for carcinoma of the breast; and while I have had, of course, many cases of recurrence of the disease, I am satisfied that the return of cancer has in some cases been delayed, and in others altogether prevented by the use of this remedy. I do not think the delay or prevention of recurrence of carcinoma, which has made my opera-

tions for this disease in the last ten years more satisfactory than they formerly were, can altogether be ascribed to the greater care I have taken to remove the whole of the diseased structures with the knife, although this is of absolute importance and without it there can be no hope of a cure. I can not help believing that in some measure it is to be attributed to the use of hypophosphites. I make this statement in the full consciousness of the criticism to which it subjects me, but with the hope that others will give it a trial. It may lead to the discovery of a better remedy or a combination of remedies; and if of no value it will soon be discarded. In medullary cancer and in sarcoma I have found this agent of no value. In one case of scirrhus in a feeble lady aged fifty-three, whose breast I removed in 1875, the lady continued to take the hypophosphites, not by my direction but of her own accord, for six years, leaving it off occasionally for one or two months. The patient has grown stouter and stronger, and in all respects her general health has improved under the use of this agent, and I mention her case only to show that the prolonged use of the remedy is not hurtful. There has been no recurrence of cancer in this case.

Codeia in Treatment of Diabetes.—R. Shingleton Smith, M.D., B.Sc.Lond., M.R.C.P., Physician to the Bristol Royal Infirmary, gives in the British Med. Journal of June 24th an analysis of three cases of diabetes mellitus, in which the beneficial effects of codeia in the treatment of this disease are well shown. The patients all exhibited marked improvement while taking the codeia, which improvement ceased when the drug was withheld, being renewed on its repetition. Morphia had a good effect in two of the cases, but the improvement was less marked with it than with the other alkaloid. We quote from his preliminary remarks such paragraphs as refer directly to opium and its alkaloids in the treatment of diabetes:

Glycosuria having been shown to depend primarily on diseases of the nerve-centers, it is not a little interesting to observe that the drug which most controls it is one which affects nerve-tissues more especially. Opium has, indeed, been used empirically in the treatment of diabetes ever since the time of Aetius. Lecorché observes that since the time of Willis opium has become, so to speak, the panacea of diabetes. . . .

Dr. Lauder Brunton says that under the influence of opium the thirst diminishes, the excretion of urine becomes correspondingly less, and the proportion of sugar present in it falls. He might have added that the weight of the patient ceases to diminish, and generally improves. Recent observers have not been content to rest with this knowledge, but have endeavored to ascertain to which of the alkaloids contained in opium the beneficial effect is due. Morphia has been found to act in a way similar to that of opium; and there appears to be little or no difference of opinion that the one drug, morphia, is equally useful as the other, the watery extract or some other preparation of opium. Codeia was first recommended by Pavy, and was preferred by him, inasmuch as it might be given in large doses without producing drowsiness.

This question of dose is an important one, and is at the root of the use of codeia in diabetes. Some

authors recommend small doses; but Dr. Brunton states that "diabetics bear large and sometimes enormous doses of opium and codeia; and in administering these remedies it is well to push the dose until the sugar either disappears from the urine or until increasing drowsiness obliges us to discontinue it." Dr. Brunton says, "The two remedies which are most serviceable in lessening the excitability of the nervous centers in diabetes are opium and its alkaloid, codeia. The latter may be given in doses of a quarter to half a grain three times a day at first."

Dr. Pavy gives a remarkable series of cases in which daily records of the composition of the urine were made, and in which careful analysis of the urine showed that the sugar disappeared entirely under the influence of opium, morphia, or codeia, with the aid of restriction in diet. The drugs were given in gradually increasing doses: opium in doses of one grain up to nine grains thrice daily, morphia up to three grains, and codeia up to ten grains three times a day. The great advantage of codeia over opium and morphia was found to be that, while equally efficacious in controlling the disease, it does not exert the same narcotic effect. When given in a small dose to begin with, and increased gradually, nothing may be perceived beyond its effect upon the disease.

Dr. Cavafy has subsequently reported a case in which he gave fifteen grains thrice daily with a good result.

Dr. Ord has also reported the case of a woman aged thirty-three, with diabetes of four months' standing, who gained seven pounds in one week with one grain of sulphate of codeia twice a day, after diet alone had failed to produce any good effect.

Although I can not claim such satisfactory results as those given by Dr. Pavy, yet the cases to be reported show that the drug employed has a remarkable power of checking the elimination of sugar, and that a corresponding improvement in the health of the patient results. It would appear that alkalies, and all other methods of treatment, are far inferior to the treatment by codeia, which may be considered to have almost a specific action on the disease. The facts before us seem to justify decided language with regard to the use of codeia, which should not be permissive, but imperative, in all cases of advanced diabetes mellitus: whatever else may be given, codeia should first be given, and in fairly large doses, until some physiological effect is produced. Even dieting appears to sink into insignificance by the side of codeia; in one case given by Dr. Pavy the codeia alone was sufficient, without any restriction of diet, the patient being on a mixed diet during the whole time.

It has been supposed that codeia is a dangerous drug. Barnay says, "The tendency of codeine to produce convulsions is so great that it should be excluded from therapeutics." It has been stated as a result of Bernard's experiments on the opium-alkaloids that while narceine is the most soporific element, codeine is that which most tends to convulsions. The literature of codeia does not bear out this statement, and I have never observed any thing to support it.

I have now endeavored to show that the utility of codeia is by no means universally recognized, but that it is fully deserving of confidence—nay, more, is imperatively demanded—in the treatment of diabetes in cases where treatment other than dietetic is required.

Remarkable Criminal Heredity.—Most readers are acquainted with the history of "Margaret, the Mother of Criminals," as she has been called, who was born in a village on the Hudson River, in the northern part of the State of New York, about one hundred years ago. Dr. Elisha Harris, of the city of New York, is authority for the following statement, which is the result of his personal inquiries: "Margaret was a pauper child, left adrift in one of the villages on the upper Hudson, about ninety years ago. There was no almshouse in the place, and she was made a subject of out-door relief, receiving occasionally food and clothing from the town officials, but was never educated nor sheltered in a proper home. She became the mother of a long race of criminals and paupers, which has cursed the county ever since. The county records show that two hundred of her descendants have been criminals. In one generation of her unhappy line there are twenty children, of whom seventeen lived to maturity. Nine served terms aggregating fifty years in the State prison for high crimes, and all the others were frequent inmates of jails and almshouses. It is said that of the six hundred and twenty-three descendants of this outcast girl two hundred committed crimes which brought them upon the court records, and most of the others were idiots, drunkards, lunatics, paupers, or prostitutes. The cost to the county of this race of criminals and paupers is estimated as at least one hundred thousand dollars, taking no account of the damage they inflicted upon property and of the suffering and degradation which they caused in others."—*Pacific Medical and Surgical Journal*.

Ammonia, its Use and Importance in Bread Baking.—The recent discoveries in science and chemistry are fast revolutionizing our daily domestic economies. Old methods are giving way to the light of modern invention, and the habits and methods of our fathers and mothers are stepping down and out, to be succeeded by the new ideas, with marvelous rapidity. In no department of science, however, have more rapid strides been made than in its relations to the preparation and preservation of human food. Scientists having discovered how to traverse space, furnish heat, and beat time itself, by the application of natural forces, and to do a hundred other things promotive of the comfort and happiness of human kind, are naturally turning their attention to the development of other agencies and powers that shall add to the years during which man may enjoy the blessings set before him.

Among the recent discoveries in this direction, none is more important than the uses to which common ammonia can be properly put as a leavening agent, and which indicate that this familiar salt is hereafter to perform an active part in the preparation of our daily food. The carbonate of ammonia is an exceedingly volatile substance. Place a small portion of it upon a knife and hold over a flame, and it will almost immediately be entirely developed into gas and pass off into air. The gas thus formed is a simple composition of nitrogen and hydrogen. No residue is left from the ammonia. This gives it its superiority as a leavening power over soda and cream of tartar when used alone, and has induced its use as a supplement to these articles. A small quantity of ammonia in the dough is effective in producing bread that will be lighter, sweeter, and more whole-

some than that raised by any other leavening agent. When it is acted upon by the heat of baking the leavening gas that raises the dough is liberated. In this act it uses itself up, as it were; the ammonia is entirely diffused, leaving no trace residuum whatever. The light, fluffy, flaky appearance, so desirable in biscuits, etc., and so sought after by professional cooks, is said to be imparted to them only by the use of this agent.

The bakers and baking-powder manufacturers producing the finest goods have been quick to avail themselves of this useful discovery, and the handsomest and best bread and cake are now largely raised by the aid of ammonia, combined, of course, with other leavening material.

Ammonia is one of the best known products of the laboratory. If, as seems to be justly claimed for it, the application of its properties to the purposes of cooking, results in giving us lighter and more wholesome bread, biscuit and cake, it will prove a boon to dyspeptic humanity, and will speedily force itself into general use in the new field to which science has assigned it.—*Scientific American*.

Pigmentation in the Races of Men.—That pigmentation as we now see it in the various races of man is an inherited quality, and so definitely transmissible that it constitutes one of the bases of race distinction, may easily be admitted, while at the same time we must also grant that it is in itself a result of climate. Those who live in the tropics become dark without question as the result of the direct influence of the sun; while those who live in more temperate climates lose their pigment, or retain it only in certain special structures, as the hair, the irides, and the choroid. If apparent exceptions to this general law occur, they are to be met with probably as the consequences of human interference in modifying the conditions. Thus the habit of wearing clothes prevents the development of any approach to blackness of skin in white races who may have lived through many generations in the tropics. The blackest skins always belong to those who have joined the two conditions of nakedness and a tropical sun. Thus, then, to begin at the beginning, may we not believe that varying states of pigmentation of the integument denote rather exposure to climatic influences than peculiarities of development? Nor is there, so far as I know, much reason for believing that variations in this respect imply any material differences in health tendencies. Such peculiarities as we recognize in different races—the immunity of the negro from yellow fever, his liability to elephantiasis and to tetanus—may easily have nothing whatever to do with his pigmentation *per se*, and be matters simply of race.—*Jonathan Hutchinson, F.R.C.S., in Med. Press and Circular*.

Cyanide of Mercury in Ocular Syphilis.—M. Galewski speaks highly of the value of subcutaneous injections of cyanide of mercury in treating certain syphilitic lesions of the ocular membranes. Atrophy or neuritis of the optic nerve and changes affecting the retina or choroid are often unsuccessfully treated by the ordinary specifics, and Fournier's albuminate of mercury is in such cases scarcely if at all more efficacious. It is, however, in such cases that the cyanide treatment has produced excellent results.—*Le Progrès Méd.; Lond. Pract.*

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"NEC TENUI PENNA"

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE VALUE OF LIFE.

Among savage nations the brutal disregard of life and the heartless neglect of the sick are conspicuous social and political features, and by the law of heredity the traits of character which find expression in these cruelties, though modified and refined, persist for centuries in their barbarous or half-civilized descendants.

With the savage, murder is a business, torture a pastime, and the sick are left to be torn in pieces by wild beasts or to perish from cold and hunger. Among their barbarous descendants murder takes a more fair-seeming form in wars for conquest or plunder; torture is applied to those only who break the laws; and while the sick are tolerated by all, and in some cases nursed with tender regard, yet through ignorance of medicine, and a common neglect of simple sanitary measures, many lives are sacrificed.

In civilizations which have escaped the almost inevitable lapse into barbarism, and have thus attained a great age, we find that with the roll of the centuries they have moved "upward, working out the brute and let the ape and tiger die." Development in them has been upon the humane side, and shows itself in what might seem a sentimental and foolish regard for life. This principle is carried so far among some of the peoples of India that the killing of animals under any circumstances is not allowed, while their hospitals for sick and wounded brutes stand

as an absurd wonder in the eyes of Europeans who may visit this strange land.

When Devadatta sent a demand for the wounded swan which his arrow had brought down in the royal garden, Siddartha, the prince, who was tenderly nursing it, replied:

"Say no! the bird is mine,
The first of myriad things which shall be mine
By right of mercy and love's lordliness.
For now I know, by what within me stirs,
That I shall teach compassion unto men
And be a speechless world's interpreter,
Abating this accursed flood of woe,
Not man's alone."

This is full of the spirit of reverential regard for life which under the bias of transcendental thought and the dogma of the transmigration of souls, has been carried by the Orientals to a seemingly absurd sentimentality, but which nevertheless, when understood, is a charming trait of character, and displays most fittingly the effect of that culture on the better side of human nature which can come only after many centuries of civilization.

We believe that traces of this phase of development are showing themselves in our European civilization. The revolting cruelties which blacken the pages of history from the dawn of our civilization down almost to the beginning of the present century are as dead as the tyrants who practiced them, and the spirit of love, husbanded by a noble religion, and freed from the fetters of superstition by a catholic science, hovers with heavenly-plumed wings over ten thousand beneficent charities. Hospitals and infirmaries for the sick; asylums for the insane, the deaf and dumb, and feeble-minded; institutions for the support of the

indigent and the aged, meet us upon every hand; and prisons, while still a necessity, are made fit habitations for unfortunate and unhappy men. These with societies for the protection of the weak and oppressed among men, and for the prevention of cruelty to animals, with an ever-awakening interest in sanitary science and hygiene, attest a growing regard for life and a finer appreciation of its value.

The spirit of the world has changed; we are better than our fathers were; and while there are still among us not a few cynics who are ready to allege that there are too many people in the world, and to argue the necessity of wars and pestilences to thin them out, and while conquerors are still the cynosure of many eyes, the scientific spirit of the age, having questioned deeply this mystery of life and received no answer, is coming to look upon it with the reverential awe of the Indian sage who said:

"If life be aught, the savior of a life
Owns more the living thing than he can own
Who sought to slay—the slayer spoils and wastes,
The cherisher sustains."

MISCELLANY.

A COMPLIMENT TO LOUISVILLE DOCTORS. The venerable and distinguished Dr. Bowling, of Nashville, in an elaborate essay, in the Nashville Med. Journal, on the life of the late Dr. Briggs, of Bowling Green, a physician and surgeon of eminent usefulness, and father of Professor Briggs, of Nashville, dwells at length on the power of the soil and climate of the "Dark and Bloody Ground" to produce intellectual excellence. He enumerates a noble host of names bright in the annals of American medicine, and among those living he thus alludes to three members of the Faculty of the University of Louisville: "Here were born and developed David W. and Lunsford P. Yandell, and the honored father of these distinguished scions having spent the whole of his medical life—student, practitioner, and teacher—in Kentucky, whose generous soil now holds his honorable ashes in trust, must be classed with his children. Here today is Theodore S. Bell, of whom Prentice wrote that he 'had learning enough to supply half a dozen med-

ical colleges.' He has worked and studied and studied and worked until he has gathered and stored away more of the honey of human learning possibly than any physician of his generation."

HIBERNATION.—In consequence of an increase of duties connected with the NATIONAL VACCINE ESTABLISHMENT, of which its editor is the director, Walsh's Retrospect will be suspended until January, 1883. At that time Vol. III will be completed and the publication of the journal continued. We shall be sorry to miss our welcome contemporary from our exchanges for even so short a time as four months, and shall await its return with the fear that if Dr. Walsh displays as much ability in the management of the *Vaccine Department* as he has shown in the field of journalism, it will be a much longer time before the Government will allow him to resume his editorial functions.

A FATALITY has just occurred where the nurse-maid, in presence of children, had half-filled the bath with boiling water, and then proceeded to fetch some cold water. In her absence a boy fifteen months old fell over the edge of the bath into the hot water, and was so terribly scalded that he died almost immediately. In preparing warm baths, especially for children, the cold water should be put in first.—*Boston Jour. of Chem.*

GRAPE-CURE IN AUSTRIA.—The Vienna correspondent of the Philadelphia Medical News states that an establishment having for its object the cure of numerous diseases through the agency of grapes variously combined with tannic acid has been introduced into the Volksgarten by Dr. V. Hibentauz. Much discussion as to the merit of the undertaking is rife among Vienna medical circles.

WE are informed by the secretary, Dr. R. J. Dunglison, that at a recent meeting of the Council, the annual meeting of the American Academy of Medicine was postponed until Thursday, October 26th, 1882, when it will take place in Philadelphia at the time of the bicentennial celebration in that city.

M. PASTEUR will read a paper on the Attenuation of Virus at the next meeting of the International Congress of Hygiene, which is to be held at Geneva.

NICOTINIC AMBLYOPIA.—Dr. Miguel Segura, in *La Clínica de Málaga* (Medical Record), speaks of the resemblance of the amblyopia of alcohol to that of nicotine, but determines certain differential characteristics as follows:

IN THE ALCOHOLIC.

The attack is sudden, almost instantaneous.
Pupil is dilated.
Both eyes are equally affected.

Patients see better at night. A bright light disturbs them. Complain of chromatic phenomena and of disturbances due to spasm of the muscles of accommodation.

IN THE NICOTINIC.

The attack is slow and progressive.
Pupil is contracted.
One or both eyes may be involved; generally, however, one later than the other.

See better in the daytime. Do not complain of the other phenomena named.

The basis of treatment in nicotinic amblyopia is the enforcing of complete abstinence from tobacco. Recovery is favored by tonics, strychnine hypodermically, and by caffeine. The last named increases the activity of the circulation, and by exciting the nerve-centers overcomes the stupefying action of tobacco. Quinine and potassium bromide have yielded brilliant results, especially in the mixed amblyopia of alcohol and tobacco.

DEATH OF DR. AMÉDÉE LATOUR.—The *doyen* of the French medical press, who has done so much to elevate its character and maintain its tone, has just died amid his much-beloved roses at Chatillon, near Paris. During the long period of some forty years his pen has never failed him, and writing first in the *Gazette des Hôpitaux* as "Jean Raimond," and afterward in the *Union Médicale* as "Docteur Simplicie," his weekly *feuilletons* were ever a source of pleasure to those who could appreciate the remarkable features that characterized them. In the construction of these productions, which neither our political nor our professional press has ever been able to acclimatize, he may surely be ranked with the highest masters of the art. This most genial of critics let nothing escape him in his weekly review of the topics which interest the medical world. The weak and strong points were all displayed with unerring acuteness in felicitous language; and never, even when writing, as often, under the pressure of severe illness, or the conviction that he was opposing a great danger, was he tempted to use an acrimonious expression or one which could hurt the feelings of the most sensitive opponent. An ardent reform-

er, he never forgot the good and great qualities of those whom he opposed, and his gentle inuendoes, anecdotes of and references to bygone times were most attractive reading. His great ability and indomitable energy raised him to being a power in the medico-political world, and not long since the Académie de Médecine opened its doors to him. The French Medical Association, with its organ, the *Union Médicale*, was the result of his energetic exertions; and although some of those reforms which he advocated in its columns, and especially the revival of the *concours*, have never come to pass, he has been the means of producing great improvement in many directions. A man of very limited means and simple habits, he never lost the opportunity of advocating, at all times and seasons, the cause of the poor and destitute in our ranks.—*Med. Times and Gazette*.

THE BACILLI OF TUBERCLE.—For the demonstration of tubercle bacilli in the sputum of phthisical patients, Baumgarten recommends the following method as more convenient than those of Koch and Ehrlich. A little of the sputum is dried on the cover-glass, as recommended by the latter, and then treated with potash—one or two drops of a thirty-three-per-cent solution of caustic potash added to a watch-glass of distilled water. The tubercle bacilli can then be readily seen with a magnifying power of four hundred or five hundred diameters, and a little pressure renders them still more distinct from the inclosing detritus of tissue. In order to preclude the possibility of confounding the bacilli of tubercle with those of other species, the cover-glass may be raised and placed aside until the layer of fluid on its under surface is dry, and then passed two or three times through a gas-flame, and then on it may be placed a drop of an ordinary watery solution of aniline violet or any other nucleus-tinting preparation of aniline. All the putrefaction bacteria then appear under the microscope as an intense blue or brown (according to the testing agent and its strength), while the tubercle bacilli remain absolutely colorless, and can be seen with the same distinctness as in the ordinary potash preparation. The whole process does not occupy more than ten minutes.—*The Lancet*.

BLUE GLASS!—Twenty-five thousand blue-glass goggles have been ordered for the use of the British army in Egypt.

A SCOTCH PHYSICIAN GARROTED AND ROBBED.—An outrage as cowardly as it is fortunately rare was perpetrated on Dr. Whitelaw, of Kirkintilloch, on last Monday night. Shortly after eleven o'clock a woman called at his house and stated that he was wanted at a neighboring villa, whither he at once set out along with her. When he had gone a short distance he heard footsteps behind. He was then attacked by two men, who knocked him down, garroted him, and robbed him. One of them kicked him on the ankle, fracturing the bone and causing dislocation. The thieves got but little, as Dr. Whitelaw had left his watch and valuables at home, a small pocket thermometer and a knife forming the chief part of their booty. Dr. Whitelaw was able to crawl back a little way, when he obtained assistance and was carried home. The greatest sympathy is felt for him in the district, where both in public and private life he is known for his kindness and activity in every philanthropic work in the community. No apprehensions have been made, but the police are said to be upon the track of the ruffians.—*The Lancet*.

PROGRESS OF POPULATION AMONG THE JEWS.—In general, in Europe, the increase of Catholics, Protestants, and Jews, compared with each other, is as 1—2—3; but in France and Austria the increase of Jews is four and seven times greater than that of the Catholics. This does not depend upon the greater number of births among the Jews, which is usually inferior to that of Catholics and Protestants, but the number of illegitimate births is very much less among the Jews than among the other inhabitants; and as the mortality of infants is especially noteworthy in the category of illegitimate children, the result is, that although the Jews have fewer infants than the Catholics and Protestants, they preserve a greater number of them. Another curious fact is the sex of the children. In the European population in general this is about one hundred and five male to one hundred female births; but in most countries where Jews abound, as Russia, Prussia, Austria, and Hungary, the proportion of male births rises to one hundred and ten, one hundred and twenty, or even one hundred and thirty, instead of one hundred and five; and M. Lagneau attributes this great predominance of male births among the Jews to the fact of the early age at which they marry.—*Lyon Méd.; Med. Times and Gazette*.

THE PROPORTION OF MYOPICS IN GERMAN SCHOOLS.—Dr. Nobis, of Chemnitz, has recently published statistical information on the above subject, founded on his experiences at the Chemnitz Gymnasium (or public school). Normal-sighted pupils were found in the following proportions: Sixth grade, ninety per cent; fifth grade, eighty-three per cent; fourth grade, eighty per cent; lower third grade, seventy-five per cent; upper third grade, sixty-five per cent; lower second grade, fifty-six per cent; upper second grade, fifty-six per cent; first grade, thirty-six per cent. He attributes this result (which embodies a progressive evil) in some degree to the bad paper and small print of the school-books in general use, and in particular to the microscopic characters employed in some Greek works. For this reason he advocates the universal introduction of Roman type, even for the Greek language. The result of his investigations shows that on an average twenty-five per cent of the pupils at the Chemnitz Gymnasium are short-sighted. The favorable local circumstances of Chemnitz make this average lower than is the case in many German institutions of a similar class, the rate over all Germany being thirty to fifty-five per cent. The connection between advancement in study and loss of visual range, which is indicated in the figures we have quoted in reference to the Chemnitz Gymnasium, is (according to the details published) fully confirmed by the returns of German schools in general. In the ordinary Government schools the rate is twenty to twenty-four per cent, in the higher girls' schools ten to twenty-four per cent, and in the elementary schools five to eleven per cent, while in the village schools the low rate of one per cent represents the proportion of short-sighted children.—*The Lancet*.

ARTIFICIAL ICE IN EGYPT.—Among the ample stores to be sent to Egypt are four steam ice-machines, the use of which will be taught to members of the hospital corps. Every field-hospital will have its ice-box, which will be filled with fresh ice every day.

CANADA MEDICAL ASSOCIATION.—The next meeting of the Canada Medical Association will be held in Toronto on the 6th, 7th, and 8th of September, under the presidency of Dr. Fenwick.

ONE hundred and fifty thousand cans of Erbswurst soup have been sent to the British troops in Egypt.

Original.

TWO CASES OF PERINEPHRITIC ABSCESS.

BY E. S. MOSS, M.D.,

Late Internist of Louisville City Hospital.

CASE I.—Mr. Davenport, aged twenty-three, a laborer. History: Was taken sick on May 15th with a chill followed by fever, with severe and continuous pain in right lumbar region and tenderness. My partner, Dr. Gatliff, was called to see the patient on the 18th, and found the symptoms as above stated, temperature being 102.5° , pulse 100, tongue showing a whitish coat. He was ordered one fourth grain sulphate of morphia till relieved from pain, which was to be followed by five grains each of hdg. chlorid. mite and sodium bicarb.

I saw the patient on the 20th. He was suffering very much; temperature 104° , pulse 110, respirations 24; tongue red and dry; bowels had acted; no appetite; urine less than normal, very high colored, but did not contain either pus or blood; pain in lumbar region increased. The patient lay upon his back, and could not move without great pain. He could flex the thigh, but only with great pain. He was ordered twenty minims of tinct. opii every two hours, or sufficient for relief, and counter-irritation, which had been previously resorted to, was continued. The patient further had five grains of sulphate of quinia three times a day.

I saw patient on the 22d, but found no improvement in the symptoms presented at my previous visit. An enema of salt water was given, which produced a stool.

Dr. Gatliff saw the patient on the 24th, but there was still no improvement in the case. Treatment continued.

I saw the patient on the 26th, and noticed some swelling in the lumbar region, but no evidences of pointing or fluctuation. He had had two rigors during the afternoon of the 25th. Urine was less in quantity and very high-colored, but contained neither pus nor blood.

I saw patient again on the 28th. Tongue very red and dry; temperature 104° , pulse 110. The tumor in the lumbar region gave no evidence of pointing and showed very little fluctuation. I introduced a hypodermic needle at the most tender place, and withdrew a syringe of pus. Having no aspirator, and the patient not consenting to lancing without anesthesia, I left, to return

on the following morning, but before going ordered a poultice of flaxseed.

Dr. Gatliff and I visited the patient on the next morning, but to our surprise found that the bulk of the tumor was in the right iliac fossa communicating with the lumbar region; fluctuation distinct, but deep. After some persuasive argument the patient consented to have the abscess opened under local anesthesia. We accordingly dipped a small brush in carbolic acid and applied it in the line of the intended incision, which was one inch in length. Pus escaped very freely with the usual odor of intestinal gases. The cavity was then washed out with a one-part-to-forty solution of carbolic acid, and a tent of slippery elm introduced to secure drainage. Patient was ordered iron and quinine with good diet.

I saw him on the 3d of June, when he showed much improvement. Temperature 100° , pulse 80; tongue red, but moist. The tenderness and swelling had almost disappeared from the lumbar and iliac regions. The cavity of the abscess was washed out three times a day with a ten-per-cent solution of tincture iodine by means of a household syringe.

I saw the patient on the 8th of June. He was still improving in every respect; so I did not return till June 12th, when I found that the tents had not been properly kept in place, and that in consequence the external opening was closing so that pus could not escape. I reintroduced a tent of slippery elm and continued the wash of iodine.

I saw the patient on the 14th, 16th, and 22d of June, and was glad to note that he improved from day to day. On the 28th I was able to discharge the case as cured.

CASE II.—Mrs. Bird, aged forty, house-keeper. History: Health had been good till about five weeks previous to the attack about to be described. My partner saw the patient on the 24th of May, but on account of other engagements he did not return. The patient had then been suffering with a gradually-increasing pain in the region of the kidney for some five weeks, which during the last week had been very severe. He ordered sulphate of morphia for the pain and a poultice to the side.

I was called on May 26th. The patient had not slept during the previous night. On examination I found a soft fluctuating tumor in the region of the kidney, from which pus had already made its way almost to the surface of the body. I made a free incision, and the pus was discharged very

freely, after which patient expressed much relief. A poultice was ordered, and subsequently the cavity was washed out with a carbolic solution, one part to forty, twice a day.

I saw the patient on the 28th. She was doing well. I have not visited her since, but learned from her husband that at the present writing (July 10th) she is in her usual good health.

Some will doubtless be ready to say that these were not cases of perinephritic abscess, but simply mural or perhaps psoas abscesses. I feel that I have not been sufficiently elaborate in explaining the points that lead to the above diagnosis in these cases; but the symptoms as I was able to read them from day to day were, I believe, sufficient to warrant in each case a diagnosis of perinephritic abscess.

WILLIAMSBURG, KY.

TWO CASES OF CONGENITAL IRIDEREMIA, WITH LAMELLAR CATARACT IN ONE AND DISLOCATED CATARACTOUS LENSES IN THE OTHER.*

BY GEORGE C. HARLAN, M.D.

*Surgeon to Will's Eye Hospital and to the Eye and Ear
Department of Pennsylvania Hospital.*

CASE I.—N. J. M., aged twelve, says that he knows of no defects in the eyes of any other member of his family in this or preceding generations, except that his mother is "short-sighted." He is of medium size, and—except his eyes—well developed. His vision is $\frac{8}{80}$ and is not improved by glasses or the stenopaic hole. There is no photophobia, and he sees better in a bright light than in a subdued one. The corneæ are clear, but perhaps very slightly below the normal size, though a constant and decided nystagmus makes it impossible to measure them accurately. The eyes are free from irritation, and their tension is normal. There is not a vestige of iris in either eye. There is well-marked lamellar cataract in both eyes. In each lens there are two opaque layers with clear lens matter intervening between them, beautifully seen by oblique illumination. Only occasional and partial glimpses of the fundus can be obtained, but the choroid seems normal. There is not sufficient vision for any satisfactory test of the accommodation.

* Read April 5, 1882. From advanced sheets of the Transactions of the College of Physicians, Philadelphia.

CASE II.—I. B., a well-grown boy of thirteen years, has rather prominent eyes, with full-sized corneæ, and normal tension, but the iris is entirely absent in both. In the right eye the corneæ is quite clear, and, though there are floating opacities in the vitreous, the details of the fundus can be seen fairly well. The lens, which is of normal size, is opaque and white, and is dislocated upward, so that only about its lower half is seen beneath the corneo-sclerotic junction. The ophthalmoscope shows a hypermetropia of $\frac{1}{6}$, which, assuming $+\frac{1}{4}$ to represent the loss of refractive power induced by aphakia in the emmetropic eye, indicates a structure of the ball corresponding to a myopia of $\frac{1}{12}$. The choroid and retina appear normal in structure, but the optic disk is atrophied and greatly distorted, the vertical diameter being twice that of the horizontal, and the retinal vessels crowded to its inner edge; vision is only quantitative. There is no nystagmus. In the left eye there is a diffused haziness of the corneæ, which, together with a greater opacity of the vitreous than in the other eye, makes the details of the fundus invisible. The lens, which presents the same form of cataract as that in the right eye, is still further out of position, and only a narrow edge of its periphery extends below the margin of the sclerotic. The lenses seem to be held in their unnatural position by some attachment of their upper margins, while the lower are free, and they swing backward and forward as if on hinges, with the movements of the balls. In the left eye the lens has caused an absorption of the tissues, against which it rests until the choroid has disappeared from above it and the sclerotic is very much thinned and slightly staphylomatous. When the cone of light concentrated by a convex glass is thrown upon it from below, the outlines of the lens become distinctly visible through the sclerotic.

Though irideremia (*iris*, and *eremia*, absence), or aniridia, is an extremely interesting anatomical curiosity, it can scarcely be said, in the present state of our knowledge, to teach any useful lesson in embryology or pathology. Numerous hypotheses have been suggested to account for its occurrence, but most of them are more fanciful than philosophical, and perhaps none of them are more rational than that maintained long ago by Von Ammon, who, in view of the late appearance of the iris, after the choroid is fully formed, considered its absence as simply the result of an arrest of develop-

ment of the uveal tract. It is a curious fact that this anomaly is almost invariably symmetrical. According to Manz (*Handbuch, Augenheilkunde*) but one case has been reported in which it occurred in one eye only. Another point of interest in the history of this defect is its decided tendency to hereditary transmission. A number of cases of inheritance have been reported; one (quoted from Von Ammon by Lawrence) in which one member of the first generation was affected, three of the second, and five of the third.

The fact that cataract is very generally associated with irideremia has given some support to a suggestion that the iris is concerned in the nourishment of the lens, and to an ingenious theory of the causation of irideremia which supposes that the iris has been crowded out, as it were, by the lens remaining too long and too closely in contact with the corneæ during embryonic life. This coincidence of cataract with irideremia is, however, not constant, as cases are recorded in which the lens was transparent. One is reported by Dr. Reuling (*Am. Jour. Med. Sciences*, January, 1875), in which vision was sufficiently acute to enable the observer to determine that the power of accommodation was unimpaired.

The normal intraocular tension found in cases of irideremia has been adduced to prove that the aqueous humor is not secreted by the iris, but chiefly, if not entirely, by the ciliary processes. In the rabbit the ciliary processes are connected with the iris, and when both are removed the eye becomes very soft and the aqueous humor is never regenerated (*Deutschman, Gräfe Arch.*). This, so far as it goes, gives support to the advocates of sclerotomy, instead of iridectomy, in glaucoma.

Partial congenital luxations of the lens are usually upward, as in Case II, and frequently occur without defect of the iris. In the left eye of this patient the lens is so far out of place that it would be entirely concealed if the iris were present, and this case might then be readily mistaken for one of the very rare anomalies of congenital aphakia (absence of lens).

After the reading of the preceding paper Dr. W. F. Norris said:

Through the kindness of Dr. Harlan I have had an opportunity of making an examination of the eyes of the patients whose cases have been described. On first inspection of one of the cases I thought I could

detect a slight peripheral remnant of the iris, but more careful examination, aided by the ophthalmoscope (oblique light), showed that every vestige of iris was wanting, that this appearance was due to the shadow cast by the limbus conjunctivæ corneæ on the periphery of the anterior chamber.

It has occurred to me that at least some of the cases which have been reported in the older books as partial irideremia, might possibly be due to this similar appearance in the days when the above-mentioned methods of examination were unknown.

PHILADELPHIA.

Reviews.

A Rational Materialistic Definition of Insanity and Imbecility, WITH THE MEDICAL JURISPRUDENCE OF LEGAL CRIMINALITY, FOUNDED UPON PHYSIOLOGICAL, PSYCHOLOGICAL, AND CLINICAL OBSERVATIONS. By HENRY HOWARD, M.R.C.S. Eng., etc. Montreal: Dawson Bros. 1882.

As may be seen by the title, the author regards insanity and imbecility as having a physical or materialistic basis, discarding the more abstract and refined causes which are attributed to psychic changes by some authors. Imbecility he holds to be due to tetralogical defects, and insanity to pathological defects in the brain. But while holding these views he maintains that the tetralogical defect of the imbecile or idiot does not at the same time render him exempt from pathological defect. "Consequently we have imbeciles who in the eye of the law are already insane, suffering like other men from pathological defect which renders them insane from a pathological standpoint. Every man is either an idiot, an imbecile, or an intellectual man—imbecility and intellectuality differing in degree. The idiot and imbecile are such because their mental organization has not attained its full development—tetralogical defect. The ordinary man is such because his mental organization has attained near to its full development."

With this definition of his position the author handles in part first the question of insanity and imbecility in a manner which is both learned and entertaining, though we think he is at by far too great pains to prove a doctrine generally accepted by the scientific physicians of the day, namely, that there is a physical basis of life, and that all nervous phenomena, from the lowest form of reflex action to the highest achievement

of intellection, are but an expression of molecular changes in variously differentiated types of protoplasm. While this sounds like materialism, it is so only in sound. Such terms are, as Huxley suggests, but the Xs and the Ys with which the biologist is able to work his problems, and must not be mistaken for the real entities for which they stand.

We are glad to see that Dr. Howard has not made this grave mistake, though he barely misses it when he calls mind "a product of matter as we know and define matter," and is put to some pains to explain away the possible imputation of gross materialism to which such a definition might subject him.

Part second is devoted to the discussion of crime and insanity and criminal responsibility, in which the case of Hugh Hayvern, a convict who murdered a fellow-convict in the Penitentiary of Saint Vincent de Paul on the 29th of June, 1881, and who was tried, convicted of murder, and finally hung on December 6, 1881, is made the basis of what the author has to say. He reproduces here a paper by Prof. William Osler, M.D., M.R.C.P., on the brains of criminals; an article from the Chicago Medical Review, by James G. Kiernan, M.D., on the Medico-legal Relations of Epilepsy, and certain remarks bearing upon the case by Dr. Hack Tuke, editor of the London Journal of Mental Science. The case of Hayvern and its bearing upon the question of the responsibility of insane criminals is most carefully and exhaustively treated, and the discussion of the mental condition of Guiteau is made to do good service in illustration of the author's ideas. The impression made on the reader by all this learning and elaborate argument is that criminals such as Hayvern and Guiteau were doubtless insane, but peculiar in that they represent a class of insane who may be held as legally responsible for their conduct. Though this view is not held by the author, the issue in each case proves at least that this was the opinion of the jury after a long and patient hearing of an almost inexhaustible store of expert testimony.

We do not believe that a century hence such murderers as Hayvern and Guiteau will be submitted to capital punishment, nor do we believe that the alienist of that distant day will be able to trace with any more certainty than that possessed by the neurologist of our time the very tortuous line that marks the boundary between san-

ity and insanity. Was not the poet right when he said:

"It is not ours to separate
The tangled skein of will and fate,
To show what metes and bounds should stand
Upon the soul's debatable land,
And between choice and Providence
Divide the circle of events"?

Those of our readers who may desire information relative to the medico-legal aspects of insane criminality—or perhaps we might say criminal insanity—will do well to give this book a careful reading.

Transactions of the Medico-Chirurgical Faculty of the State of Maryland. EIGHTY-FOURTH ANNUAL SESSION. Held at Baltimore, Md., April, 1882. Wilson G. Register, M.D., Secretary. Isaac Friedenwald, printer.

This is a neatly-printed volume, bound in paper, of two hundred and forty-eight pages. Beside the usual array of reports bearing on the working of the society, the volume contains sixteen papers devoted to the science of medicine and surgery, and two addresses. One of the latter is by the president, F. Donaldson, M.D., and is devoted largely to the question of advance in general medicine during the year. The discoveries of Pasteur and Koch receive due attention, the all-important question of vaccination is made a matter of comment, and through these the subject of preventive medicine is given deserved prominence. In closing, the president says, "If *preventive medicine* continues thus to advance in keeping off disease, may we not yet verify M. Flouren's estimate of one hundred years as the natural duration of human life?" The other address is a learned essay by A. M. Fauntleroy, M.D., on The Reciprocal Action of Morbid Bodily Influences. In this the author displays wide reading, scientific accuracy, and fine literary culture.

Space forbids even a passing comment upon the various papers making up the body of the work, which show one and all that this time-honored body is made up of men of broad culture and special scientific attainment. We can not, however, refrain from calling attention to the very able report on the drinking-waters of Maryland, considered in reference to the health of the inhabitants, by W. C. Van Bibber, M.D. It contains a fund of information on the all-important question of drinking-water supplied to large cities, and should be placed before every city board of health in the land. The only point we can now mention is in reference to the

peculiar taste and odor occasionally present in the river-water supplying the cities of Baltimore and Boston at certain times last year—a condition now and then met with in our Ohio River water-supply. The attention of the citizens of Baltimore was aroused by this phenomenon, and two chemists, Prof. Lowry and Prof. Remsen, were employed to find the cause of the contamination. Prof. Lowry gave his opinion, formed from his analysis, that “the objectionable taste, odor, and peculiar milky color of the Jones’s Falls water were due to the decomposition of sulphates held in solution, passing into sulphites, and setting free sulphuretted hydrogen gas.” “Prof. Remsen reserved his opinion as to Baltimore, and was afterward engaged in a similar investigation for the city of Boston. The satisfactory conclusion to which Prof. Remsen brought his investigation is, that the peculiar condition of the water in Boston in November, 1881, was due to the presence of the ‘*Spongillia lacustris*,’ one of the fresh water sponges.” After describing in detail the steps by which he made this discovery in Boston, Prof. Remsen says, “I have good reason to believe that the contamination of the Baltimore water was of the same nature as that with which we are at present dealing, viz. the Boston water.”

This is an important discovery, and one which may well claim the attention of those who have the public health in charge. The contaminating agent is probably the sponge particles, minute albuminoid bodies which escape from the dead spongilla and pass out to form new sponges. The decomposition of these bodies doubtless gives rise to the peculiar smell and taste of water. The danger of using such water for a beverage is manifest.

Formulary.

FOR COPPER COLIC.

R Magnesiæ sulphat..... \mathfrak{z} ij;
 Acid. sulph. aromatici..... \mathfrak{m} xc;
 Tinct. hyoscyami..... \mathfrak{z} vj;
 Infus. quassia, ad..... \mathfrak{z} viij.

M. Sig. One sixth part three times a day.—*Medical Gazette*.

PEPSIN IN SEA-SICKNESS.

A German authority says that pepsin has proved quite successful in warding off sea-sickness. As much pepsin as will lie on the point of a knife is dissolved in a wineglassful of water containing five drops of hydrochloric acid. This dose is taken thrice daily, and especially if feelings of sea-sickness threaten.—*Boston Jour. of Chem.*

DR. YUNA'S VEGETABLE LIVER-PILL.

Leptandrin	} aa \mathfrak{D} ss;
Podophyllin.	
Ext. nux vomica.....	
Ext. belladonna.....	
Pulv. ipecac.....	gr. v.

M. ft. pil. 30. Sig. One two or three times daily.

—*Druggists Circular*.

METZ'S BALSAM.

Metz's Balsam, which is quite popular in some sections of the country, is prepared as follows:

Linseed oil.....	} aa \mathfrak{z} vj; 180.00 Gm.;
Olive oil.....	
Oil of laurel berries.....	\mathfrak{z} j; 30.00 Gm.;
Turpentine.....	\mathfrak{z} ij; 60.00 Gm.

Melt by a gentle heat and add—

Powd. aloes.....	\mathfrak{z} ij; 8.00 Gm.;
Powd. verdigris.....	\mathfrak{z} iij; 12.00 Gm.;
Powd. white vitrol.....	\mathfrak{z} jss; 6.00 Gm.

Pour into a bottle and add—

Oil of juniper.....	\mathfrak{z} ss; 15.00 Gm.;
Oil of cloves.....	\mathfrak{z} j; 4.00 Gm.

Mix by shaking. It is used as a dressing for ulcers, boils, wounds, etc.—*Weekly Druggists Circular*.

Selections.

Hypodermic Administration of Cathartics.—

By Dr. A. Hiller, of Berlin, in the *Zeitschrift für Klinische Medizin*:

The author has reviewed the experiments that have heretofore been made in the way of injecting into the subcutaneous connective tissue medicine intended to produce catharsis, and has at the same time somewhat extended the list. He has, for a number of years, upon merely theoretical grounds, expressed his belief in the possibility of producing such effects and has maintained the opinion that it was only a question of time when appropriate remedies would be found for this purpose. But the discovery of a suitable remedy has until now evaded all pharmaceutical research, and among all those that have been proposed there is not one that answers all the requirements of a hypodermic cathartic remedy.

Aloin, which has been the most universally used in experiments of this kind, gives, according to the manner of administration, a varied action. Hiller observed, after the injection of from fifteen centigrams to two decigrams, a copious, mushy discharge in from four to six hours after administration. In a brief review of experiments by Kohn, not referred to by the author, aloin was administered subcutaneously in the dose of eight decigrams without producing catharsis.

The colocynthus purum prepared by Merck, of Darmstadt, a light, grayish-yellow powder of a bitter taste, administered internally or subcutaneously in the dose of five to ten milligrams produces watery stools with moderate tormina. A solution in alcohol, glycerin, and water is the best adapted to hypodermic medication. The injection is very painful. There is also a resinoid substance called citrullin extracted from the colocynthus fruit, insoluble in water, which when taken internally in the dose of five

milligrams to one centigram, or if administered hypodermically in the same dose, dissolved in equal parts of alcohol, water, and glycerin, will produce the desired effect, but it produces also severe pain accompanied by edema and redness of the skin. The action of colocynth and citrullin is also manifested by the officinal extract of colocynth. A dose of fifteen milligrams to six centigrams injected under the skin produces diarrhetic evacuations, but also pain and edema.

The substances thus far named, together with a small quantity of fluid produce diarrhea in from a half to one hour.

Experiments with cathartic acid from senna show that this remedy, rather freely soluble in water, will produce catharsis if taken internally in the dose of two or three decigrams dissolved in water and glycerin. Administered subcutaneously, it produces painful inflammation of the skin with a tendency to the formation of sloughs. If, however, the solution be made alkaline, this effect is not produced; and furthermore, one decigram will occasion copious evacuations in eight to twelve hours.

The extract of elaterium, as well as the pure elaterin, is too often ineffective, and frequently it is for other reasons inapplicable.

Leptandrin, a glucoside of leptandra virginiana, internally, in the dose of five decigrams, gently stimulates peristalsis without producing diarrhea.

Euonymin, the glucoside of euonymus, atropurpurea internally (one to two decigrams) acts mildly. In obstinate constipation a dose of three decigrams or more will be found effective.

Baptisin, a glucoside of baptista tinctoria, has to be given internally in the dose of three or four decigrams to produce mild catharsis in four or six hours.

The three latter remedies have been for a number of years employed in America and their therapeutical value well studied.—*Deutsche Mediz. Zeitung*; translated by J. M. F., *Cin. Lancet and Clinic*.

On the Treatment of Ringworm of the Scalp.

Jno. Cavafy, in the British Med. Jour. of June 24th, alluding to Mr. Malcom Morris's statement that oils and fats should not be used as excipients for parasitocides in the treatment of parasitic diseases of the scalp, etc., because they form a nidus for the germs and thus favor the growth and dissemination of the parasite, thus describes a plan of treatment for ringworm of the scalp, which he has employed successfully in St. George's Hospital for more than a year:

Thinking that the accumulation of sebaceous matter and epithelial *débris* in all probability prevents the penetration of remedies into the follicles, which are further blocked by the swollen diseased hairs, and that it should be our object to bring any parasiticide into contact with the most deeply-seated fungus, it occurred to me that we might attain this end by the employment of a parasiticide held in solution in a fluid which should also dissolve fatty matters. It certainly seemed to me desirable to exclude fatty and oleaginous materials from the remedy, and to apply this in solution, i. e. the minutest form of subdivision. Accordingly, I determined to employ a solution of boracic acid, twenty grains in an ounce of spirit, to which a dram of ether was added, and directed this lotion to be forcibly rubbed into the affected parts of the scalp with a rag or moderately stiff brush

three times daily, the whole head being ordered to be washed every morning with plenty of hot soap and water.

The result of this treatment in severe chronic uninfamed cases is certainly excellent, when it is faithfully carried out. The frosted scaly aspect of the diseased patches is soon replaced by healthy-looking scalp; the broken and twisted hairs appear to be removed, and a healthy growth makes its appearance. When the scalp is seen shortly after the application of the remedy it is found to be shining, owing to the presence of a fine glaze. This, I presume, consists of dissolved sebaceous matter mixed with boracic acid deposited in a thin film after evaporation of the solvent; and for this reason I think its removal by soap and water is a necessary adjunct to the treatment. This would perhaps be best effected by alkaline spirit of soft soap, which, however, I have not used.

Now, will this treatment suffice to cure chronic uninfamed ringworm? I should hesitate to say. I have certainly seen many cases in which the disease appears to have been entirely removed, but (there is always a "but" in the treatment of ringworm) I must admit the possibility of a diseased stump or two having remained. I find it an extremely difficult matter to be quite certain that every hair is healthy on a scalp which has once been affected with ringworm, and in this I believe my experience is not singular. I have had cases which seemed cured brought back to me on a future occasion with distinct ringworm, and it is no doubt possible that this may have started afresh from an old, undetected, excessively minute focus. But, with our very imperfect means of observation of hospital out-patients, it seems equally possible that such cases may be due to reinfection, either from other children in the same family or from a new source.

I may say in conclusion that Prof. Kaposi (*Hautkrankheiten*) recommends, among other remedies, the application of alcoholic and ethereal solutions of carbolic and salicylic acids. These would no doubt do very well, but the entire absence of any irritation by the use of boracic acid seems to me in its favor, while its efficacy as a parasiticide is unquestionable. The remedy may no doubt be varied in different cases, but if our object is that it should penetrate into the hair follicles I certainly think that it should be employed in solution and forcibly rubbed in, and that the use of an oily or fatty vehicle is to be deprecated.

Acute Strangulation of the Small and Large Intestines.—By M. C. Sykes, L.R.C.P.Lond., M.R.C.S., House-surgeon, Beckett Hospital, Barnsley:

A. N., aged ten years, was admitted into this hospital on February 6th, suffering from a compound fracture of his right forearm, a wound over his left eye, and a slight contusion below the left Poupart's ligament. On admission he complained of pain in the hypogastric region, which was relieved at once by drawing off his urine. The wound of the forearm and eyelid healed in six days. He had no pain after the first night. His bowels were regular, he passed his urine, and appeared ready for sending home. He was sent out on February 18th. On arriving home he had some cakes and tea given him; this would be about six in the evening, and at one o'clock the following morning he was seized with pain, followed by sickness and diarrhea. I saw him

the next morning. He had been sick all night; no diarrhea or motion then complained of. He had pain in the right iliac fossa; the pain was not very intense. Nothing could be felt. I saw him again on the following morning. The symptoms had increased: hiccough; abdomen tense; vomited food and medicines; no pain. I saw him again the next morning, being the fourth of the disease. He vomited a great deal; hiccoughed; abdomen tense; no pain. He had not had a passage since the first attack of diarrhea. He died during this visit. His temperature was never more than 99.4° F.

I made a post-mortem examination, and found the following morbid changes: A piece of the small intestine, ileum, was perforated (no escape of feces), and had formed adhesions to the ascending colon. It was also strangulated here by recent inflammatory bands, and also slightly twisted. The bowel here was empty. The commencement of the large gut was constricted by bands of fibrous tissue crossing it, and connected to the iliac fossa, and thickened by inflammatory products. It was completely strangulated by one of the bands of fibrous tissue, and closed off from the general peritoneal cavity by local peritonitis. A collection of pus was also inclosed by the peritoneum around the upper portion of the cecum. There was not general peritonitis; it was localized entirely to the right iliac fossa. There was no other visceral mischief or disease of the bones or a previous history of strumous disease.

Remarks. This was a very obscure case from the beginning of the sickness and diarrhea. It could not possibly be connected with the accident. He had only a slight pain below the left Poupart's ligament during the first night after injury. His bowels were quite regular, no sickness, and could pass his urine during the twelve days he was in the hospital. One is bound to believe that his intestinal trouble was due to some irritant, possibly the cakes, as he had only taken them six hours when sickness and diarrhea set in. It is remarkable in this, that severe diarrhea should precede the strangulation.—*London Lancet.*

A Case of Mussel-poisoning—Recovery.—J. Farrar, L.R.C.P.Ed., in the British Med. Journal, reports the following case:

The patient was reclining in a chair, in an extreme state of collapse. His cold hands and feet were being vigorously rubbed by the attendants. The pulse at the wrist was almost imperceptible, though not much increased in frequency. The face was pale, except when occasional hectic flushes appeared on the cheeks. The nose was particularly white and pinched, looking quite bloodless. The pupils were natural; tongue clean. There was loud wheezing and rattling respiration, interrupted by frequent yawnings and sighings. The patient was continually fainting, notwithstanding the large quantity of brandy which was being poured into him; he had also frequent attacks of clonic spasms, which apparently implicated all the muscles of the body. He was perfectly calm and conscious; had no pain anywhere, but he complained of great thirst, and suffered from itching all over, as if his "clothes had all turned into lice." There was no feeling of constriction of the throat, nor headache, but "every thing looked misty." A rash, exactly like ordinary erythema, was seen on his chest. Two and half hours before he had eaten about twenty mussels, which he

had just taken out of Morecambe Bay; he had eaten them without picking out the "moss," as he had often done before with impunity, though not so many at a time. On this occasion, however, he almost directly began to feel sick and to have gripping pains, and in the course of half an hour he vomited, and was also severely purged five or six times. He then began to feel faint and dizzy; and, these symptoms becoming more and more aggravated, he sent for me. I gave him frequent doses of hot brandy and water, and drinks of hot milk flavored with ginger. His feet were placed in mustard and hot water, and a mustard poultice was placed over his heart; he was constantly kept in the horizontal position. The attacks of syncope with convulsions still, however, continued. I therefore gave him a mixture of tincture of opium and spirit of ether every ten minutes. He showed decided signs of improvement directly after the first dose, and the mixture was then gradually given less frequently. An hour later the patient could sit up, and was able to talk freely about his case. Next morning the patient was quite well, complaining of nothing but the incessant thirst. He is sixty years of age, of regular and temperate habits, strong, and well-built.

With regard to such cases the question arises, Which is the poisonous part of the mussel? Is it, as commonly believed, "the moss" (*byssus*) which lies at the root of "the tongue" (foot), and which is nearly always carefully removed before the mussel is eaten; or is it the viscous secretion contained in the special gland to which the foot is subsidiary, and out of which secretion the *byssus* is molded? Or, whatever part of the common mussel be poisonous, why should it exert toxic powers in some cases only? Mussel-poisoning is not, I believe, a common accident. This is the first time I have met with a case in my professional experience.

Inherited Immunity from Zymotic Disease. My attention was first directed to this subject by my failure to vaccinate successfully an infant whose mother had a mild attack of modified smallpox two months before its birth. When three months old I vaccinated it, arm to arm, three times in successive weeks, without eliciting any sign of invasion. This constitutes my sole experience of infantile insusceptibility, and my stock of lymph at the time was above suspicion. I felt assured of the child's immunity from smallpox, but, as regards the persistence of this immunity, my assurance has been dissipated by my next to be related experience.

Last autumn I attended a fine child of three years through a virulent and, I regret to add, fatal attack of unmodified smallpox, with the leaden-hued, depressed, umbilicated pustules. The mother, whose face presented numerous small pits, explained that, when seven months pregnant, she had a severe attack of smallpox (modified), and that in due course her infant had resisted three successive vaccinations, and been returned as insusceptible. She bore in her arms her next baby, a well-developed child of fourteen months, wanting in vaccine marks. It had been twice ineffectually vaccinated with preserved lymph by the same practitioner, who, concluding doubtless that it, too, had inherited immunity from its mother, thereupon certified insusceptibility. I vaccinated this child on the day of my first visit, after expressing my belief that it must already have contracted its sister's disease. On the eighth day it presented four typical vaccine vesicles, and at the same time a copious va-

riolous eruption of creamy, hemispherical pustules, with, on the face, a common florid basis. Recovery was rapid, without a bad symptom. The two cases may be regarded as a crucial test of the antidotal power of vaccina over variola. The vaccination seemed in no way modified, but presented a curious illustration, no doubt illusory, of the less overcoming the greater.

More recently I attended a patient through a sharp attack of modified smallpox, and six weeks thereafter through her confinement. Four months subsequently I vaccinated her infant, together with four others, from the same arm. All five "took" in every insertion, but, while the other four presented large areolæ, in this there was none at all.—*Wm. M' Laurin, M.B., C.M., Glasgow, in Lond. Lancet.*

Gangrene of the Bladder from Retroversion of the Gravid Uterus.—The last number of the *Archiv für Gynäkologie* contains an interesting article on the above subject by Dr. G. Krukenberg, of Bonn. He points out that cases of rupture of the bladder and of gangrene of the bladder, from retroversion of the gravid uterus, are identical in their pathology. When gangrene of a portion of the vesical wall takes place, its peritoneal surface may be or may become adherent to neighboring parts, and in that case the gangrenous bit (or layer) may be cast off entire or broken up. If no adhesion be present, and the bladder be subject to distension, its wall will give way at the weakened spot, or the separation of the slough may lead to perforation, even without overfilling of the bladder. Dr. Krukenberg has only been able to collect ten of these rare cases, and to these he has added one observed by himself. The practical conclusions which he draws from them are these: When the catheter has been employed and the uterus replaced before the sixth day, exfoliation of a portion of the vesical wall has never been observed. If regular catheterization is begun before the tenth day, rupture of the bladder need not be feared. When retention of urine persists longer than this, either gangrene or rupture of the bladder may supervene, rupture being the more frequent. Rupture of the bladder may also take place suddenly from great distension of the bladder or from efforts even most carefully made to replace the uterus. If gangrenous portions of the vesical wall are cast off, it should be an indication to abstain from attempts to replace the uterus (lest rupture of the bladder should take place), and to treat the case by the induction of abortion.—*Med. Times and Gazette.*

Death from Chloroform.—We have received from Mr. Crane, House-Surgeon of the Kent and Canterbury Hospital, the following account of a death from chloroform, that occurred in that hospital on Thursday, the 15th inst. J. S., aged forty-nine, was admitted under the care of Mr. T. W. Reid on the 9th inst., for disease of the fifth metatarsal bone of the right foot. The toe had been removed on the 7th of April last, but the flap had not united. The great toe of the left foot had been amputated about five years before. On the 15th Mr. Reid determined to remove the diseased portion of bone while the patient was under the influence of chloroform. For the first six or seven minutes the chloroform appeared to have little effect, and on an incision being made the patient winced. Further operative proceedings were stayed for a few seconds, and on re-

newal, a piece of diseased bone was removed. The patient now struggled and sat up in the bed, when the pulse at the wrist suddenly became weak, flickered, and stopped; the face became livid; but the temporal artery could still be felt beating. The pupils were fixed, and not dilated. The breathing became sighing, and then stopped. As soon as the change in the pulse became apparent the administration of the anesthetic was discontinued and the attention of the operator called to the patient's condition, artificial respiration being at once begun. In about a couple of minutes the phrenic nerve was stimulated by a faradic current. All was of no avail, however, the patient merely giving two or three gasps. The quantity of chloroform used was about two drams and three quarters; and the time occupied, from the commencement of its administration until the setting in of the fatal symptoms, was less than ten minutes. The patient looked older than he really was. His pulse was strong and regular, and a little hard. There were no obvious signs of cardiac mischief. The urine was normal. He was accustomed to take large quantities of stimulants. There was unfortunately no necropsy, as the coroner did not deem it necessary, and the friends declined to consent.—*British Med. Journal, June 24th.*

Pilocarpin in Uremic Convulsions.—In the Medical Press, July 5, 1882, Mr. James Lemont reports the case of a laborer, aged forty-four, who was admitted to the hospital with swelling of the legs and abdomen and difficulty in breathing of twelve months' duration. His mother and brothers died of dropsy. He gave no history of scarlet fever or rheumatism, but he had been a great drunkard and much exposed to sudden changes of temperature. Urine much diminished in quantity, albumen plentiful, fatty casts. He was ordered acetate of ammonia and compound jalap powder, with a vapor bath every evening. On the second night after admission he had become unconscious and had several convulsions. Chloral hydrate and potassium bromide (forty grains of each) were given by enema, and a wet pack was used to induce diaphoresis, but without the least effect. One third of a grain of pilocarpin was then injected subcutaneously, and in less than five minutes there was profuse perspiration, which lasted several hours. The patient remained unconscious for twenty hours, but there was no return of convulsions. At the end of a month there was no trace of edema. The pilocarpin was given once more.—*Medical and Surgical Reporter.*

Opening of the Chest in Hydatid Cyst of the Lung.—At a recent meeting of the Société Médicale des Hôpitaux, June 23d, M. Bucquoy presented a remarkable case of hydatid cyst of the lung treated and cured by incision of the chest-wall. A man, thirty-nine years of age, presented himself with the signs of dry pleuritis upon the right side. Later the general condition became bad, and all the signs of pneumothorax were found. By aspiration more than two quarts of pus were withdrawn from the chest, but no improvement followed; hectic fever appeared, with fetid breath, discharge of pus from the mouth, and a second aspiration gave but about three ounces of very fetid pus. An incision in the chest-wall was then made, and the hydatid cyst extracted. Rapid recovery ensued, a fistulous passage into the chest remaining.—*ibid.*

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"NEC TENUI PENNA."

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

A GRAMMARIAN.

Not every medical journal can afford to keep a specialist in grammar upon its editorial staff, and so not a few of the articles, both editorial and contributed, appearing from time to time in our numerous periodicals lack that nicety of expression and finish of diction which are necessary to give them a place among the classics of medical literature.

The NEWS belongs to the class of journals which is compelled to sustain the lack above referred to; and its editors, while lamenting the ugly fact that for this reason its articles must be ranked among the ephemera of medical literature, take comfort in the thought that now and then they may be copied by one at least of our exchanges which does possess a grammarian, and so may escape that pitfall of oblivion which awaits the great bulk of its lucubrations. We give an instance in point.

Some time last spring we undertook to dress up an item of medical news, with the following result: "Socin, Langenbeck, Billroth, Weiss, Berger, and Benedict have each killed *his* man through nerve-stretching in locomotor ataxia," etc. It was quoted by the journal above alluded to, as follows: "Socin, Langenbeck, Billroth, Weiss, Berger, and Benedict have each killed *their* man through nerve-stretching," etc. We saw the quotation, and, noticing the touch of the artist, our hopes mounted; but alas! at the end of the paragraph we found it credited to

a highly esteemed contemporary, who had borrowed the item and forgotten to give us credit. The correction stands, however, and we trust that, in case our chances for perpetuity of fame should hang upon this article, we shall be able to prove our authorship in it.

In the same journal we find still other traces of the same master hand in the following paragraph, which would have made Lindley Murray turn blue with envy: "The election of Dr. Alex. Stone, of St. Paul, to the second vice-presidency of the American Medical Association was a graceful act on the part of the *Association* in recognition of the valuable services rendered to *them* at its late meeting. We should strongly advocate his elevation to the presidency at its next *annual*."

We hope that the editor of this journal and his associate grammarian may each have *their* efforts duly recognized by the Association for the services rendered to *them*, and that *they* will not fail to place on record at *its* next *annual* some fitting testimonial of *their* appreciation not only of the compliment paid to *its* illustrious vice-president, but also of the classic diction in which *these* compliment *are* embalmed.

QUALIFICATIONS OF A DENTIST.

We learn from a correspondent of the Philadelphia Med. News that D. Herzel, a dentist, of Vienna, has been hauled up before a magistrate, analyzed by a medico-legal chemist, chawed up (so to speak) by a dental expert, found guilty, fined, and placed under arrest on the following counts: Draw-

ing teeth without the necessary legal qualifications; furnishing a set of false teeth the spiral spring of which was made of a composition of copper, nickel, and zinc, plated with gold; inserting a set of false teeth as early as two weeks after the real teeth had been extracted, when three months at least should intervene between the time of extraction and insertion; and for not being able to show any higher credentials than a diploma from the "University of Philadelphia."

To the trans-Atlantic eye this performance is remarkable, not so much because of the refusal of these phlegmatic Teutons to recognize a diploma from the time-honored and far-famed University of Philadelphia, which, we believe, has of recent years been made to shine with renewed luster through the disinterested efforts of that renowned medical educator, Dr. Buchanan, as that credentials, or qualifications in any certified form should be demanded of a dental technologist.

In this country, although we have many learned and skillful dentists, the only qualifications which from a legal point of view are considered as essential to the performance of the functions of a tooth-extractor, are: A hard grip and a strong arm; any thing for instruments, from a shoemaker's nippers or a blacksmith's tongs to a monkey-wrench; a diagnostic skill (not always possessed) sufficient to insure the differentiation of the decayed tooth from a sound one standing next to it; and a total indifference to human agony.

TRI-STATE MEDICAL SOCIETY.

The eighth annual meeting of this society will be held in Terre Haute, Ind., beginning on Tuesday, September 26th, and closing with Thursday, the 28th. The society will hold three sessions on each day, and besides the usual order of business and the president's address, the programme provides for the reading of forty-nine papers.

There will doubtless be a large attendance, and, judging from the titles of the articles and the character of the physicians presenting them, we feel warranted in saying that the meeting will be one of unusual interest, and that it bids fair to register a high mark for advancement in medicine during the past year.

The following instructions and rules may be profitably considered by all who expect to attend the meeting:

The sessions will be held in Dowling Hall.

Hotel-rates for members at the Terre Haute House, \$2 per day; at the National Hotel, \$2. Any other accommodations necessary will be arranged for by the Local Reception Committee.

Arrangements for special rates have been made with the railroads centering here, and their connections, as follows: Vandalia Line, I. & St. L., C. & E., I., E. & T. H., L. & N., Ill. Central, W., St. L. & P., one and one third fare for round trip. The P. C. & St. L., Cin. Southern, and I., B. & W. give round-trip excursion rates by application to local agents. Members of the profession desiring to take advantage of these arrangements will please apply to Dr. J. E. Link, of Terre Haute, Chairman of the Committee of Arrangements, who will furnish full particulars.

Members are requested to be present at the first session, as the regular business will begin without delay.

Each session will be called promptly.

Papers are limited by rule to twenty-five minutes.

Time for discussion will be given after each paper or series of papers.

Authors unavoidably absent will send their papers to the secretary during the first day of the meeting.

All physicians in attendance will on arrival apply for tickets of membership issued by the secretary.

Volunteer papers are solicited, and arrangements will be made for their presentation.

Local Committee of Reception: S. J. Young, J. D. Mitchell, L. J. Willien, W. H. Roberts, G. W. Crapo.

NATIONAL BOARD OF HEALTH.—At its last meeting, August 15th, Dr. Charles Smart was elected secretary in place of Dr. Turner, resigned.

DR. AUSTIN FLINT will deliver the Philadelphia County Medical Society's lectures during the coming winter.

MISCELLANY.

THE TREATMENT OF CONSUMPTION.—Dr. M. L. James, in *Virginia Med. Monthly*, alludes to twenty-three cases of phthisis which came under his care while in the first stage of the disease. These were treated with carbolic-acid inhalations, with quinia, glycerin, and alcohol, judiciously administered, while rest, pure air, timely exercise, and good food were made to do their part as restoratives. Salicylic acid, salicin, and sulphur and its compounds, were employed in some cases. Of sixty-two other cases treated at various stages of the disease fifty-one have died, and in the eleven living patients the issue is undecided, they being still under treatment.

Dr. James does not believe that the disease can be successfully handled when complicated with structural disorganization of vital organs, and so builds his hopes of success on *early treatment*. Early diagnosis is then of paramount importance, and in this connection the accurate recognition of fever, its degree and variations, should be most carefully noted. He believes that success in the management of a case of phthisis depends largely upon our ability to control the fever. He says, "I attend my cases of tuberculosis—at least the more acute forms of it—almost as closely as I do my cases of typhoid fever, ready to combat at once all hurtful changes." The article concludes as follows:

"To patients favorably situated, in the earliest stages, where the digestive organs will tolerate for a considerable length of time maximum doses of the anti-zymotic agents mentioned, I believe that a larger number of favorable final issues may be expected than I have yet been able to report. My proportion of cures in recent years much exceeds those formerly, as I understand better the plan of treatment, and employ it with more courage and decision.

"Unhappily for the doctor, he is usually not called in the earliest stages of tuberculosis, or if so, the digestive organs of the patient will not tolerate the remedies in sufficient quantities and for a sufficient length of time to enable him to destroy the morbid cause. In such cases he must exercise a practical ingenuity by introducing them in other than the usual channels. Inhalations now, then enemata, then hypodermic injections, epidermic methods, or otherwise.

"It is proper for me to remark, that while my chief reliance is placed upon remedies

of the anti-zymotic class, in the changing conditions which are liable to occur in this disease I do not ignore entirely the remedies that have been more usually employed. And I wish here to reiterate my abiding confidence in the value of a succession of blisters.

"I will take occasion to say that ordinarily it is best that the friends of the patient and the patient himself should be frankly informed as to the nature of his malady. A wise discretion should of course be employed here as to the subjects, the time, and the manner of making this announcement, but I do not remember ever seeing any but ultimate good results come from such a communication properly made. It will produce some shock and momentary depression with the patient, but that will be all. For a patient to be permanently despondent is almost pathognomonic of the absence of phthisis. While if properly informed with such assurances as we may reasonably and truly give him, his courage, his hopes and his exertions will usually exceed even those of his doctor. Hopefulness with a consumptive amounts to a monomania, but it is a monomania which his physician may utilize."

A GOOD SUBSTITUTION.—The *Med. and Surg. Reporter* of August 26th publishes the following erratum: "On page 213, first column, line twenty-third from the bottom, for *water* read *alcohol*." We did not read the article in question, but are willing to wager ten per cent of our subscription-list that, in the opinion of the average reader, the value of the article will be enhanced more than seventy-five per cent by the correction.

YELLOW FEVER.—Fifty or sixty cases of yellow fever a day are announced as occurring at Brownsville, Texas. A sanitary cordon has been established from Laredo to Corpus-Christi, by which it is expected that the fever will be kept within the triangle of which these places and Brownsville form the angles. On August 28th a case of yellow fever was brought to Pensacola, Fla., on the bark Penang, from New Orleans.

THE American Pharmaceutical Association will hold its meeting this year at Niagara Falls, commencing Tuesday, September 12th, and adjourning on Friday or Saturday.

THE British Medical Journal has a weekly issue of eleven thousand copies.

THE LATE PRESIDENT'S WOUND.—The Medical Press makes the following judicious comments on the conduct of "those prophets of the past" who are just now indulging in some very ungraceful and unethical criticisms upon the way in which President Garfield's wound was treated by his surgeons:

The controversy respecting the treatment to which the late President of the United States was submitted by the surgeons who attended him during his illness is likely to be reopened by the publication of a lecture which Prof. Esmarch delivered some time ago at Kiel. This address was devoted to proving that under appropriate treatment the wound inflicted on President Garfield would not have been attended with a fatal termination, which its author insists was mainly attributable to imperfect antisepticism. Esmarch considers that the example afforded by Langenbeck's treatment of the German Emperor after the attack on his life should have been followed, and no attempt made to extract the bullet. The wound was in itself, he infers, by no means mortal, and under favorable circumstances he thinks the President might have been at this moment a living man.

No one, of course, could fail to recognize the great importance attaching to any expression of opinion from Prof. Esmarch on a question of surgery; but it may be nevertheless questioned whether he showed a wise discretion in not only lecturing on a subject by treating which he must necessarily impeach a professional brother, but also by publishing the lecture subsequently. Moreover, the matter is one which may very well claim to require consideration apart from the anatomical details, in the light of which alone those not present at the case can have any knowledge of it; and on this ground, too, the expression of adverse beliefs ought to be made in the most guarded fashion, especially when coming from so eminent an authority as Prof. Esmarch. We may well doubt whether real science is not at least as much injured as assisted onward by such proceedings.

A COMMON MISTAKE CONCERNING CHLORIDE OF POTASSIUM.—It is well known that chlorate of potassium is a very good remedy to gargle the throat, but comparatively few physicians are aware of the fact that it is not this remedy which is so successful in mercurial stomatitis, but chloride of potassium. Prof. Wortheim draws the attention

of physicians especially to this fact (*Weiner Med. Blätter*). He reminds them that the formula of the first is KClO_3 , but that of the second KCl . He says that the chlorate should never be used, as in concentrated solution it may even prove very harmful; while the chloride is very innocent, a specific in sore throat, and especially in mercurial sore mouth, and very analogous to common salt, which is simply a chloride of sodium, instead of potassium. In America the chlorate is commonly used; no wonder, therefore, that it is not found here as efficient as in France and Germany, where they use the chloride.—*Med. and Surg. Reporter*.

[With all due deference to Prof. Wortheim's judgment, we doubt the efficacy of potassium chloride in the affections named. That the chlorate may prove very harmful in concentrated solutions is perhaps true, but it is never likely to be administered thus, since water at 60°F . will hold in solution only one sixteenth of its weight of the salt, and to obtain a fifty- or sixty-per-cent solution the water must be raised to and held at the boiling point.]

STATISTICS OF MEDICAL JOURNALISM.—Dr. A. Dureau (*Revue de Thérap.*; *Med. News*) estimates the number of medical journals published at stated intervals in Paris at 95, and in the colonies at 52; total, 147. The German Confederation publishes 133 journals, Great Britain 69, Austria 54, Italy 51, Belgium 28, Spain 26, Russia 26, Holland 16, Switzerland 10, Sweden and Norway 9, Denmark 5, Portugal 4, Danubian Principalities 4, Turkey 2, Greece 1; total for Europe, 583. In America 183 journals are published, in Asia 15, in Oceanica 2; total for all countries, 785. The number of journals founded since 1679 exceeds 2,500.

[This overgrowth of medical verbiage should be cut down. Where is the editor of the Philadelphia Medical Times?]

PROF. VON LANGENBECK held his last clinic on Saturday, the 29th of July. The amphitheater was dressed with greens and flowers. The former assistants of Langenbeck in Kiel and Berlin have presented him with a handsome silver table-service.—*Phila. Medical News*.

DR. J. C. NIDELET, of St. Louis, says that after many years' experience with Kennedy's Extract of the *Pinus Canadensis* he regards it as invaluable in the treatment of all diseases affecting the mucous membranes.

THE COLOR OF PURE WATER.—There has been some difference of opinion as to the color of perfectly pure water, and a German journal says that Victor Meyer has been investigating the matter. He finds that the color is neither blue nor green, but a shade between the two. To demonstrate this he takes five glass tubes, forty millimeters in diameter and about a meter and a half in length; these are connected by means of rubber tubing, forming a tube about seven and a half meters long. Both ends of this tube are closed with glass plates fitted in metal sockets. The latter are furnished with brass nozzles for filling the tube. The tube itself is placed in an exactly horizontal position and covered with a black cloth. On looking through the empty tube the field of vision appears perfectly colorless, the cloth and the metal sockets preventing the color of the glass from exerting any influence; as soon, however, as the tube is filled with distilled water an intense bluish-green color is observed.—*Boston Jour. of Chem.*

POISONING FROM RED STOCKINGS.—Dr. J. Woodward, in *The Lancet*, calls attention to the fact that an irritation of the feet and legs, followed by small pustules and a subsequent exfoliation is sometimes caused by red stockings. Upon a careful analysis of some of the stockings he found that a tin salt, which had been used as a mordant in fixing the dye, was present in considerable quantity. He succeeded in obtaining as much as 22.3 grains of this metal in the form of the dioxide, and as each time the articles are washed the tin salt is rendered more easily soluble, the acid excretions from the feet attack the tin oxide, thus forming an irritating fluid.

AN EMERGENCY CASE.—Professor: "What would you do, sir, if you were called to see a man who had hung himself?" Student: "I would cut him down." Prof.: "Then what would you do?" S.: "I would cut him up."—*Punch.*

THE PLAGUE.—The Siberian plague is appearing to an alarming extent in most widely separated quarters of European Russia. A death from the disease has occurred at Odessa.—*Medical Record.*

DR. T. GAILLARD THOMAS will resume his connection with the College of Physicians and Surgeons, New York, as Professor of Gynecology.

Original.

QUININE AS A SURGICAL REMEDY.

BY W. M. FUQUA, M.D.

We propose to examine the claims of this therapeutic agent relative to its efficacy and applicability to diseases of a surgical character. Our object is to find out whether it be entitled to the high position accorded it, especially by Dr. W. H. Van Buren, in the *International Encyclopedia of Surgery*, Vol. I, page 156, where he says, "Quinine is a most valuable remedy; after opium there is none more commonly employed in the practice of surgery. As a tonic it occupies the front rank; as an antidote to the poison which causes ague and the fevers we call malarial, it is preëminent. If this poison is cryptogamic, as is more than probable, then quinine should be ranked high among the antiseptics."

Because quinine is commonly employed in the therapia of surgery it does not follow that such employment is wise or judicious, and those who so use it fail to watch its effects and are willing to accept the dicta of any one who chooses to affirm that it is a valuable agent in limiting inflammation, in performing the office of a germicide or that of a tonic.

Quinine is a tonic in no sense of the term. A tonic is an agent that enriches and strengthens the blood already deficient in pabulum requisite for bodily nourishment; it also gives tone to the nervous system, by which the entire organism is strengthened. Tonics are means by which we enrich ourselves. Let us discriminate between tonics and stimulants. Quinine is excitant, and therefore it impoverishes; and while this is true, tonics and stimulants may produce analogous effects. Opium, which is stimulant in small doses, will often become an indirect tonic, owing to the vascular excitement which it determines in the organs. Quinine does not do this; it often robs the stomach of what little ability it possesses of retaining food; it also irritates the kidneys and bladder, especially in elderly people, and induces sleeplessness and general prostration. If there be any gastro-enteritis it is invariably increased, whether the dose be large or small; it increases thirst and often induces restlessness and jactitation, with an elevation of temperature. Instead of hastening convalescence in acute disease it often retards it. Upon the authority of

Ringer and Binz it is stated that it checks the digestive action.

Quinine is a protoplasmic poison, and will arrest the movement of the white corpuscles in the inflammatory process; but because it does this it does not prevent suppuration, as is affirmed by Ringer and Binz and others. It can not possibly be of any service in erysipelas, from the very fact of the condition stated, for protoplasmic poison means death of cells engaged in tissue-metamorphosis, and death of white corpuscles also; it further means increased urea and uric acid with a deficient capacity for the elimination of these retrograde products, because of paralysis and necremia of the protoplasm. Because the white corpuscles are arrested in their movement from the capillaries during the inflammatory process, and there should be no corpuscular infiltration of the adjacent tissues, it does not follow that the phenomena of inflammation are abated or checked. If a boat upon the Ohio River be deflected from its true channel by virtue of high water, it does not follow that the boat has changed its character, but that the flood has deflected it into new channels. The migration of the white corpuscles has no more to do with the phenomena of inflammation than the boat on the Ohio has to do with the swollen current, and the condition is only one of accident, and outside of the inflammatory process. Hence we can safely deduce that the paralysis or necremia of protoplasm would rather urge forward than jugulate an inflammation.

Dr. Bartholow says, "Quinine and morphia, if administered together, in quantity sufficient to produce their full physiological effects, will raise the tonus of the arterioles, check the migration of the white corpuscles, and the outward diffusion of the albumen, fibrin, and salts, and arrest the amoebiform movements and the subsequent multiplication of the white corpuscles outside of the vessels." However beautiful all this may be in theory, I tell you it is false in practice. We recognize nothing at the bedside that will substantiate this assertion, which he is pleased to term empirical observation. If we could bring no other argument to bear on this point than a clinical experience of twenty years, both in civil and military practice, it should outweigh all theory based upon research. What we most need is clinical experience growing out of well-established facts. The inflammatory process is a very complex operation, made up of successive steps; and were it in our power to in-

terfere with any one of them, we should not check the inflammation, but often render it more complex. Quinine and morphia both weaken the heart's action. Debility of heart is a frequent condition in surgical diseases, the result of loss of nutritive element in the blood, and an enervated nervous system resulting from the same cause; we also have a weakened heart, *per se*, the result of shock.

Prof. Binz says, "The depression of reflex irritability, which quinine produces in frogs, and which has been much discussed, is due to an interruption of the circulation owing to paralysis of the heart." Now, just what is true relative to cold-blooded animals is especially true as to the higher orders of vertebrata. The influence of quinine upon the blood-cells in diminishing their power to carry oxygen is great, robbing them, as it were, of their legitimate physiological power, and when this oxygen-carrying power is lost then we must have molecular death. In this fact we have the most potent reasons and perfectly unanswerable arguments for its non-administration in shock, either as the result of direct injury or surgical operation. With the heart's action weakened and the oxygen-carrying power of the blood-disks diminished, who would have the temerity to give quinine, and may be digitalis, especially when the stomach is irritable, as is most often the case? With these facts before us, could we entertain the idea of reducing a temperature of 104° F. in the second week of a typhoid fever or scarlet fever, or a puerperal septicemia or surgical septicemia?

The observation and experience of all observing men must have opened their eyes to the bloodless and leukemic condition of patients after having rallied out of a chill-and-fever poison, and why? Because the quinine has prevented the generation of new blood-cells and rendered necremic those in existence. It has also laden the blood with the products of waste (*viz.* urea and uric acid), and has so paralyzed the functions of elimination as to preclude in great part the possibility of their removal.

The specific quality inherent in quinine is that it cures subjects of the chill-and-fever poison by its affinity for the spores of a cryptogamic growth. If this be true, this cryptogamic growth should develop in its entirety somewhere in the body, as the diphtheritic formation is known to develop out of spores existing in the blood. These are called pyretic poisons, and there are those who essay to cure these maladies by destroying the heat-making faculty, when in reality

we should, if possible, get to the proximate cause back of the pyretic action. Quinine does not cure chills and fever because of its apyretic power. Whatever that poison be, this we do know, that the system under its dominant influence becomes highly charged with acid-forming materials. We have acid stomach, acid perspiration, acid urine, and it is right to conjecture that the blood is laden with acid. In rheumatism, when this highly acid state exists, we resort to alkaline and eliminative treatment. Alkalies judiciously employed will as surely suspend a chill and cure an intermittent fever as quinine; indeed, far better. Now does it do this work by virtue of its antiseptic power? I answer, no. Neither does quinine, although it possesses in a feeble manner antiseptic properties. Professor Binz states that weak solutions are highly poisonous to protozoa and infusoria. Small quantities of quinine salts destroy septic germs and arrest putrefaction. Let any physician take twenty grains sulphate of quinine and dissolve it in two drams of water, and transplant within it a few bacteria. Not only they survive, but in three or four days the solution will be teeming with animal life. Antiseptics must be germicides, and because of this power fermentation will be arrested.

In that condition known as urethral fever quinine has been highly lauded. All else seems to be lost sight of except the heat, upon which the quinine is poured as water. The surgeon, so far forgetting himself, fails to recognize the neurotic condition engendered by the instrumentation, or overlooks the traumatism of these highly sensitive tracts, which often awaken an inflammatory condition, which is to be combated by altogether different methods.

Our conclusion, then, is that quinine as a surgical remedy is worthless.

The following propositions we are enabled to deduce from the foregoing:

1. In antipyretic or toxic doses quinine weakens the heart's action.
2. It diminishes the number of white blood cells and paralyzes their movements.
3. It lessens the power of the red blood cells for carrying oxygen, paralyzes the protoplasm, and thereby arrests the process of nutrition.
4. That it is not a tonic, and is one of the feeblest germicides.
5. When given in heroic doses to reduce temperature, the life of the patient is jeopardized by the possible production of paralysis, the result of loss of muscular irritabil-

ity, paralysis of the heart's action, and by its direct debilitating action on the brain-cells.

HOPKINSVILLE, KY.

Correspondence.

PURPURA HEMORRHAGICA—ADHERENT PLACENTA.

Editors Louisville Medical News:

A well-marked case of this disease—or symptom of disease, as you please—is exceedingly rare in this temperate climate, abounding as it does with vegetable food.

CASE I.—Gatewood, a colored woman aged fifty-seven, robust, and in good health, on the evening of the 27th of May last noticed in her mouth a few pimples of reddish hue; in a few hours numerous ecchymoses had appeared on the internal surfaces of the lips, the gums, and the arch of the cavity above the uvula. When I saw her, a few hours after the appearance of the pimples, I found them to be purple excrescences, and several of them were bleeding. I immediately applied Monsel's solution of iron as a hemostatic, and gave internally acetate of lead, tannic acid, opium, and quinia in full doses. The next morning the oozing hemorrhage had ceased save at an extensive and ugly spot about one of the angles of the superior and inferior maxilla. Many of the patches from which extravasation occurred were much elongated, and at about the opening of the larynx were ugly purple tumors. Deglutition was now interfered with, and she was depressed with the gloomy idea of "choking to death."

I applied lunar caustic to these and added to the treatment above indicated muriated tincture of iron with a diet of nutritious soups and whisky punch.

During the course of this affection there seemed to be but little febrile excitement, and her temperature, so far as I could judge by the aid of a fraudulent little thermometer, was normal. The excrescences soon appeared at the anus, having probably traversed the entire intestinal tract. The dejections were mixed with bloody coagula. In a few days these petechia sloughed off, leaving a healthy cicatrice or in some places an ulcerous-looking scar.

On inquiry I found that G. had been affected with scurvy, of which this attack was probably a sequel. Never before had she given evidence of hemorrhagic diathesis.

Her theory was that the devil himself had much to do with disease in Arkansas, and may give some idea of the horrible subjective sensations accompanying the disease.

CASE II.—Barbara T., aged thirty-eight, married, the mother of six or seven children, of full habit and in good health, was delivered of a well-developed child on the 24th of June last, at 3 o'clock A.M. The midwife in attendance, an ignorant colored woman, pulled at the placenta until the funis parted near its attachment. A profuse hemorrhage followed; a *pôt de chambre* holding one gallon or more was filled with the blood taken up by the handful, and a fair presumption is that as much was wasted into the bedding beneath the patient. After a ride of seven miles over an Arkansas road through a heavy rain I found the patient—five hours after delivery—in an alarming state of prostration. Extremities cold, pulse at the wrist very faint and at times imperceptible. Fitful delirium, efforts at vomiting, and a distressed and anxious countenance admonished me of the gravity of the symptoms. I gave ergot and acetate of lead in large doses, with whisky, and sprinkled a little morphia on the tongue to allay nausea, had an attendant to apply cloths with cold water to the abdomen, and then proceeded to detach the placenta, which was, I found, adherent to one side of the uterus from the internal os up some distance into the cavity. Uterine contractions then occurred, and the hemorrhage measurably ceased. I remained with the patient some four hours, gave stimulants frequently, and by constant rubbing endeavored to excite the circulation in the extremities. This was finally accomplished.

This case, together with one recently reported by me in the LOUISVILLE MEDICAL NEWS, has fully convinced me of the virtue of alcohol as an arterial stimulant. I had no ammonia, and nothing save common whisky, and I verily believe and know (so far as fallible man can know) that it snatched this woman from the very brink of the grave. An interesting point in the case is that the same woman had on former occasions suffered from adherent placenta. Is there any state of the system, inherent or acquired, which favors this serious complication of labor? The frightful hemorrhage in such cases is very alarming, and to the country physician peculiarly embarrassing when he has access to but a few drugs and such appliances only as nature may offer.

PLUMERSVILLE, ARK. C. CULLEN, M.D.

Reviews.

A Practical Treatise on Diseases of the Skin.
By LOUIS A. DUHRING, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, etc. Third edition. Philadelphia: J. B. Lippincott & Co. 1882.

This book is so well and so favorably known that a simple announcement to the profession through the medical press of a new edition will be sufficient to secure for it a large sale. Certainly no physician who desires to keep pace with advancing knowledge in medicine will overlook the comprehensive department of diseases of the skin, nor will he find the subject any where more ably treated than in the volume under review.

This is essentially an age of advance in medical science, and that the subject of dermatology keeps abreast with the movement in other departments of medicine is curiously shown in the history of Prof. Duhring's work. The first edition appeared in 1876, and at that time comprised the essentials of dermatology. In 1881 a new edition was demanded because of the growth of the science. New articles on seventeen diseases, unknown or known but imperfectly five years before, were written for this edition; and ten of the chapters, each devoted to a single disease, required enlargement, that important additions might be made to our knowledge of the affections of which they treated. And now, in little more than a year, another revision has been found necessary.

The work is divided into two parts. Part first is devoted to the general consideration of the anatomy and physiology of the skin, and to the symptomatology, etiology, pathology, diagnosis, treatment, prognosis, and classification of its diseases. Under part second special diseases of the skin are discussed in the order of their classification. The author's classification is a modification of that of Hebra's, and, with the exception of parasitic diseases, which are classified as to cause, rests upon anatomical and pathological grounds. In every case the technical name of the disease is accompanied by its popular synonyms, and the German and French terms are also given. This will be a great help to those who have not made a special study of dermatology.

The aim of the author has been to produce a work of real practical value to the general practitioner rather than a book for

specialists, and to the attainment of this end matters of purely technical or theoretical interest are made subservient to the more important questions of diagnosis, prognosis, and treatment. We must, however, in passing express surprise that in the chapter on Anthrax no allusion is made to the researches of Pasteur, and that without one word of recognition of the advance of pathology in fixing the cause and natural history of charbon, and with no mention of the bacillus anthracis, this very important subject is dismissed with one little unsatisfactory paragraph. We are led to make mention of this omission because of three cases of this disease which have occurred in this locality within a few weeks' time, and because we looked to this book in vain for more light on the subject than our reading in the medical journals had given us. Such an omission in a work emanating from Philadelphia at this time is extraordinary. In the name of Formad, Wood, and Keating, we move a reconsideration of the question.

The more recent researches into the nature of leprosy are also without a place in the book, and we should judge from these omissions, and the character of the microscopic views (which are very beautiful, by the way) admitted into the work, that the author has no eye for differential staining, no faith in the bacillus or micrococcus, and no taste for any microscopic research which calls for a magnifying power of more than five hundred diameters.

These modern refinements aside, the work is an able and practical presentation of the subject of dermatology, and well deserves the high encomiums which it has received from the medical press on every hand. Its therapeutics of skin-diseases are especially full and satisfactory.

The publishers have done their work in a manner quite above criticism.

Books and Pamphlets.

A TREATISE ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF THE SULPHATE OF QUININE. By Otis Frederick Manson, M.D., Professor of Physiology and Pathology in the Medical College of Virginia. Philadelphia; J. B. Lippincott & Co. 1882.

THE MULTUM IN PARVO REFERENCE- AND DOSE-BOOK. By C. Henri Leonard, M.A., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology, Michigan College of Medicine. Popular edition, price thirty cents. Detroit: The Illustrated Medical Journal Co. 1882.

THE TREATMENT OF CONSUMPTION INDICATED BY THE DISCOVERIES OF KOCH AND OTHERS OF ITS PARASITIC ORIGIN. By M. L. James, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Virginia. Richmond, 1882. Reprint.

EIGHTEENTH REPORT OF THE TRUSTEES OF THE CITY HOSPITAL, BOSTON, with Reports of the Superintendent and Professional Staff, Rules for Admissions and Discharges, etc. 1881-82. Geo. H. M. Rowe, M.D., Resident Physician and Superintendent. Boston: Rockwell & Churchill, 1882.

DISEASES OF THE RECTUM AND ANUS. By Chas. B. Kelsey, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc. (August number of Wood's Library of Standard Medical Authors for 1882.) New York: William Wood & Co., 56 and 58 Lafayette Place. 1882.

MENTAL PATHOLOGY AND THERAPEUTICS. By W. Greisinger, M.D., Professor of Clinical Medicine and Mental Science in University of Berlin. Translated from the German, second edition, by C. Lockhart Robertson, M.D., Cantab., and Jas. Rutherford, M.D., Edin. New York: Wm. Wood & Co. 1882.

AN OLD SYSTEM AND A NEW SCIENCE. By F. E. Stewart, Ph.G., M.D., Member of the Detroit Academy of Medicine, etc.

Any of our readers desiring a copy of this monograph can obtain it, free of charge, from the publisher, Geo. S. Davis, P. O. Box 641, Detroit, Mich.

ON THE NOMENCLATURE AND CLASSIFICATION OF DISEASES OF THE SKIN. By L. Duncan Bulkley, A.M., M.D., Attending Physician for Skin and Venereal Diseases at New York Hospital, etc. Reprinted from the Archives of Dermatology, Vol. VII, No. 4, Oct., 1881. New York: G. P. Putnam's Sons & Co.

This is a valuable contribution to the literature of dermatology, since it does much, by simplifying and reducing to a scientific form the hitherto heterogeneous nomenclature of skin-diseases, to remove one of the chief drawbacks to the popular study of this department of medical science. Dr. Bulkley has given the subject profound study, and the present work shows, as an earnest of his labors, that order is about to come out of chaos.

THE PRESENCE OF THE MICROCOCCUS IN THE BLOOD OF MALIGNANT MEASLES; ITS IMPORTANCE IN TREATMENT. Read before the College of Physicians of Philadelphia, June 7, 1882. By John M. Keating, M.D., Lecturer on Diseases of Children in the University of Pennsylvania. Reprint.

This paper appeared in a slightly abridged form in the MEDICAL NEWS of August 26, 1882, and therefore requires no extended review at our hands. It will doubtless be admitted by all who have read the article that in it the author has made an essential contribution to our knowledge of the pathology of this hitherto inexplicable complication of measles, and suggested a plan of treatment that promises to save many lives. In this the author can not fail to secure the admiration of the profession and the lasting gratitude of mankind.

Selections.

The Action of Salts of Potash, Soda, and Ammonia on the Frog's Heart.—Read before the Royal Medico-Chirurgical Society June 13, 1882, by Sydney Ringer, M.D., and Harrington Sainsbury, M.D.:

The paper described experiments, the special object of which was to compare the salts of soda and ammonia and potash, in respect of their action. The ventricle of the frog's heart was selected for this purpose; it was fed with a mixture of saline 0.75 per cent and a solution of dried bullock's blood. To the circulating fluid the drug to be tested was added. The contractions of the heart were recorded on a revolving cylinder. The drugs were tested in two directions: (1) as to their influence on the spontaneous working of the heart; (2) as to their influence in modifying the effects of continuous faradization on the heart. The results as summarized were these: In no case examined was the action exclusively on either excitability or contractility. This probably held for all drugs. The degree in which one or other suffered varied with the drug. Thus, with the chlorides, bromides and iodides of sodium, ammonium, and potassium, salts of sodium and ammonium affected excitability but slightly, while those of potassium affected excitability markedly; and thus, while it was the exception in the case of the latter not to get permanent arrest of the spontaneous beats before contractility was destroyed, with the salts of ammonium and sodium it was the exception when spontaneous beats did not continue up to the very end; and, moreover, with a final frequency little short of—often in excess of—the original frequency.

In respect of influence on excitability, ammonium and potassium formed the extremes. Sodium was intermediate, though much nearer ammonium than potassium. As to the action on contractility, the quantities of the drugs used constituted the measures of the activity. Potassium and ammonium came very near together, while a very wide gap separated these from sodium salts. Thus the highest estimate would represent the sodium salts of this group as one tenth as poisonous as the potassium and ammonium salts. It was important not to take action on contractility as the exclusive measure of poisonous action; for arrest might also be effected by action on excitability; and from a clinical standpoint "arrest" was of special importance. Hence, in order of poisonous action there were: (1) potassium salts most poisonous, both excitability and contractility being powerfully affected; (2) ammonium salts, excitability being practically unaffected, contractility powerfully affected; (3) then (a wide gap separating) sodium salts, excitability being slightly affected, but contractility suffering chiefly.

The therapeutic importance of these results was obvious—the more so that the iodides and bromides of potassium and ammonium were very largely used. The experiments would suggest the substitution of the bromides and iodides of sodium, in preference to those either of potassium or of ammonium; and of these two the ammonium salt was to be preferred to the potassium salt. So far as clinical experience went, the salts of sodium and ammonium appeared to be as effective as those of potassium. One or two points remained to be noted. Through-

out the salts of potassium examined certain characters are found to be in common. The same held for ammonium salts. The sodium salts were, for reasons given in the paper, less fitted for comparison. Confining attention to the salts of ammonium and potassium, the fact pointed out was that along with identity of base went similarity of action. This implied that elements entering into combination did not lose their individuality of action; and this might possibly account for an apparent discrepancy between the results here given and clinical experience. As here given, the citrates of potassium and ammonium were at least as poisonous as the bromides, iodides, and chlorides—a result quite opposed to clinical experience; but not irreconcilable if but one side, as it were, of a drug were taken into account.

Experiments on the citrates of sodium, ammonium, and potassium were made. The results were very similar in kind to those already obtained, and the general statements applying to this chloride group might be extended to these salts. The chief points to be noted were these: In respect of the sodium salt, the citrate was, at the lowest estimate, doubly as poisonous as the sodium salts of the chloride group, but one fifth as poisonous as the ammonium and potassium citrates. The ammonium and potassium citrates were about as poisonous as the salts of these bases belonging to the chloride group. These numbers referred alone to the effect on contractility; for in respect of excitability there was much less tendency toward inhibition with potassium citrate than with the potash salts of the chloride group. The essential points which these experiments established were: (1) the two-fold mode in which drugs might affect the cardiac tissue—viz. in respect of excitability and contractility; (2) the relative activity of the salts of sodium, ammonium, and potassium, under similar conditions. Both of these points, but especially the latter, had very practical applications.—*British Med. Journal.*

Destructive Ophthalmia.—In a letter to The Lancet Mr. J. C. Cameron, of the United Service Club, alludes to the fact that ophthalmia is endemic in Egypt, and calls the attention of the army officers, recently ordered to that country, to a terribly destructive form of ophthalmia which at one time assailed the troops in Ceylon. He says:

The form of disease in question manifested itself at the season of intensely hot and glaring days, followed by cloudless cold nights—just what is likely to be met with in Egypt. A man would appear in the morning sick, report with what looked an ordinary smart attack of simple conjunctivitis; by evening visit the eyelid affected would be found greatly swollen, almost as dark as a piece of liver, extending far down on the cheek, hiding the globe completely, while from beneath it flowed a thick puriform discharge; the pain in the eyeball being described as excruciating, and such as to prevent any sleep. Next morning the man would relate that he had so remained, suffering acutely, till long past midnight, when all at once he fancied something like a "gathering" broke, a great flow of hot fluid followed, and he experienced immediate and continued relief, so that he would tell his little history with great satisfaction, and fancy his eye was on the high road to recovery. Some days would elapse before the subsidence of swelling allowed one to see the

globe, and then it would be found the cornea had burst, and the poor fellow's sight was gone forever! Some unfortunates lost both eyes in this way, to my intense regret and mortification.

Having been a pupil of old Jacob's, and having emptied eye wards handed over to me full, I had rather a good opinion of my skill in that line until the disease I have described presented itself and defied all the recognized methods of treatment. No abstraction of blood, either local or general, relieved it; the use of nitrate of silver and all other collyria seemed, to say the least, quite useless, if no worse. Fomentations and the injection of tepid solution of muriate of ammonia beneath the lids gave some relief; but the real severe cases, if they did not end by altogether destroying vision, seldom left a useful, perfectly sound eye after them. The trouble, worry, and annoyance that this outbreak gave, even in quiet cantonments, were very great; but how much worse would they be on service in Egypt!

The moral of my story is, that rather too late in the day I found out that full doses of quinine and of opium were the proper remedies for this horrible ophthalmia, it being apparently caused by the malarious poison which shows itself in so many protean forms; and I hope that this dearly-bought experience may now be of use to my younger brethren whose troubles are all before them.

Symptoms Simulating those of Angina Pectoris, Arising under the Local Application of Ergotin.—By T. Nesley Mills, M.A., M.D., L.R.C. P.Eng., Assistant Professor of Physiology, McGill College, Montreal, Canada:

The Rev. J. C., aged thirty-six, came under my care for a growth on the left vocal cord. After making trial of the usual remedies for diminishing such growths, it occurred to me to try the effect of applications of ergotin. To one ounce of glycerin one dram of tincture of iodine and fifteen grains of ergotin (increased on March 24th to thirty grains) were added. This was freely applied (with a laryngeal brush dipped in the mixture four or five times) every morning. This treatment was begun on March 20th, and continued till March 26th, without any special developments. That day being Sunday, the patient did not visit me; but on the following morning he made complaint of having had an attack of pain in the cardiac region of the most alarming and agonizing character. It had then almost or quite disappeared, but had been severe after the onset for three or four hours. He stated that the action of the heart was rapid "throbbing," and that there seemed to be interference with respiration. He also made special mention of a sensation of coldness around the heart. An examination of the chest revealed no disease that could explain these symptoms. No special complaint was made in the interval up to April 1st of any thing except a marked "oppression on the chest," which the patient attributed to a cold.

On the evening of April 1st the patient called to state that he was suffering from peculiar symptoms. There was pain extending down the neck, along the inner border of the sterno-cleido-mastoid muscle, outward beneath the clavicle, and down the arm to the finger-tips; there was numbness and partial loss of power in the arm and hand. These symptoms were confined entirely to the left side, and passed off gradually within twenty-four hours. The ergotin being now suspected to be the cause of these disturb-

ances, it was discontinued; though its use may have been beneficial as far as the growth was concerned, for on April 6th a portion of it was coughed up. I could discover no pallor of the arm affected, and no difference in the pulse of that side. Unless certain of these symptoms are to be referred solely to the use of the ergotin, such as coldness in the cardiac region, and numbness, etc., of the arm and hand, it seems difficult to explain them.

These are symptoms almost peculiar to angina pectoris; and this case seems to confirm, in a most remarkable manner, Dr. Lauder Brunton's theory as to the causation of angina pectoris—at least one of its possible modes of causation. This man had had no such symptoms at any period of his life previously, and the most careful examination revealed no aneurism or any form of cardiac disease. Moreover, there were no such symptoms while under my observation prior or subsequent to the use of ergotin. I resolved to use nitrite of amyl should such symptoms arise again, but had none at hand when the patient called upon me suffering with the second attack.—*British Med. Journal.*

The Epidemic Wave.—Dr. Arthur Ransome read before the Epidemiological Society of London Wednesday, June 7th, a paper on The Form of the Epidemic Wave, and on some of its Probable Causes:

1. The course of an epidemic through a country may be compared to a wave rising and falling—again to rise after an interval which, in the same disease, is remarkably singular. This observance of "periodic times" is probably due to the fact that a certain density of the population at the susceptible ages is necessary before a disease can spread with the vigor of an epidemic. (See "Epidemic Cycles," Proceedings Lit. and Phil. Society, January 27, 1881.)

2. In some diseases, such as scarlet fever and hooping-cough, and perhaps smallpox, there is evidence in the hundred years or more of mortality returns from Sweden, of more widespread variations in course of these complaints—a variation of fifteen to twenty-five years in the case of scarlet fever; of fifty years in hooping-cough and smallpox. No explanation could be given of these latter variations. In scarlet fever it was supposed to be due to the susceptibility of adults to this disease. The form of the epidemic was best to be studied by means of a regular registration of disease, such as was in use in St. Marylebone and Manchester, in Preston and Birmingham—not from mortality statistics. From these data it was observed:

3. That the curve of an epidemic is usually very irregular, and its oscillations were shown to be due (a) to the lighting up of fresh centers of infection (b), to variations in sanitary conditions, and (c) to atmospheric influences, affecting equally two distant places, the coincidence of curves in Manchester and London being very striking.

4. A pre-epidemic period of several months, or even two years, was found to exist in smallpox and scarlet fever, and a shorter period in hooping-cough and measles. This preliminary period was probably due to the need for the establishment of many distinct centers of infection.

A recrudescence of the epidemic was often to be found, and this was probably due to a fresh intensification of a previously attenuated virus; perhaps, in accordance with M. Pasteur's observations, in conse-

quence of the deaths of very young or enfeebled persons.

6. The general form of the epidemic wave might partly be accounted for by the theory of infection spreading like a spark in tinder, but it was more probably due to a steady attenuation of the virus in passing through a succession of individuals.

7. The preference of certain epidemics for different seasons of the year was usually to be explained by the prevalence of diseases, at those seasons, of organs chiefly affected also by epidemic disease. A local predisposition to the disease was thus established, and we might thus explain the "epidemic constitution" of certain years, and the "pestilential type" of disease common during epidemics.—*Med. Times and Gazette*.

Sulphuretted Hydrogen as a Remedy for Tuberculosis.—Dr. Froschauer has published a number of successful experiments which he made with sulphuretted hydrogen on animals, as a remedy against septicemia. In connection with this Prof. Arnaldo Cantani (Neapol.) has written to the *Centralb. f. Med. Wissensch*, and mentioned that among other experiments he made with disinfectants, to find out their value as curative remedies in tuberculosis, he has instituted also a number of observations with sulphuretted hydrogen. This is given to the patients internally, in the form of water impregnated with the gas. Besides, the patients are kept for a long time in a room the air of which is loaded with the gas, which the patients inhale. The first few days the latter object somewhat to this method, the odor evidently not being very agreeable to them, but in a short time they become accustomed to it, and as they feel the decided benefit they gain by this procedure, willingly continue it.

These observations are not concluded as yet, but Cantani is satisfied that so far the following results have been achieved: The fever disappears within a few days and does not return as long as the inhalations are continued. The same is the case with the chilly sensation and the night-sweats, which usually cease. The local morbid process does not make any further progress, and is undoubtedly arrested for the time being. The expectoration diminishes decidedly in quantity.

Cantani intends to continue these experiments, and will not fail to report any further results.—*Med. and Surg. Reporter*.

Oxygenated water, otherwise called the binoxide or the protoxide of hydrogen, which was discovered by M. Thénard, was lately brought to the notice of the Academy of Sciences. M. Paul Bert recommended it some time ago as a powerful antiseptic, and it may be advantageously substituted for carbolic acid, which is a powerful caustic and possesses other toxic properties. Advantage has been taken of this by M. Péan, who has been experimenting with the oxygenated water at the Hôpital Saint Louis with the happiest results. According to M. Péan the water must be absolutely neutral, and it may, according to circumstances, contain from twelve times to twice its bulk of oxygen. This eminent surgeon employed it externally in the dressings of wounds and ulcers of various kinds; he even administered it internally in certain cases of anemia, septicemia, diabetes, tuberculosis, and particularly after operations in tuberculous subjects. Even in cases where other means had been unsuccessfully employed, and in which the

patients had been threatened with septicemia, M. Péan obtained the best results in employing it externally and internally. From these experiments M. Péan concludes that as a dressing oxygenated water is far superior to camphorated alcohol and carbolic acid. M. Péan had tried the water in his out-patient practice with the same beneficial results, and it is much preferred by patients themselves to carbolic acid, owing to the objectionable odor of the latter; but the objection to the oxygenated water is its unfixedness, as it decomposes and readily gives off the excess of oxygen, in which case the water becomes like any other common water.—*Paris Corresp. London Lancet*, July 15th.

An Alkaloid from the Lily of the Valley.—Prof. Germain Sée has brought to the notice of the Academy of Medicine a new substance which promises to be of great therapeutic value. It is an alkaloid extracted from the *Convallaria majalis*, or the lily of the valley. This new alkaloid has been discovered by Dr. Hardy, an eminent chemist, who also discovered the alkaloid from the jaborandi, to which he gave the name of "pilocarpin." Convallarine, the name of the new substance, has been experimented with by Prof. Sée, at the Hôtel Dieu, in conjunction with Dr. Hardy, of which hospital the latter is the *chef du laboratoire*. Its therapeutic action is compared with that of digitalis, for which it may be with advantage substituted, as it has none of the inconveniences attributed to digitalis. Dr. Hardy was led to make researches with this plant from the fact of its being generally used by the peasants in Russia, who employ the herb in dropsies, and in all cases requiring increased diuresis. According to Prof. Sée the convallarine is a powerful diuretic, and it has a marked influence on the contraction of the heart, which it regulates, while it lowers the pulse in a remarkable manner.—*Ibid*.

Osteitis Deformans.—Read before the Royal Medico-Chirurgical Society, June 13, 1882, by Sir James, Paget, Bart.:

The paper consisted of the relation of seven cases of this disease observed by the author since the publication of his paper on the same subject in the sixtieth volume of the Medico-Chirurgical Transactions. They all confirmed the description there given, and were adduced as further evidence that the disease to which the name was given had well defined and distinctive characters justifying its being regarded as a special form of inflammation of bones. This affection usually concerned many bones, most frequently the long bones of the lower extremities, the clavicles, and the vault of the skull. The affected bones became enlarged and heavier, but so weakened that those which carried weight or bore much muscular straining bent, and became curved or misshapen. The disease was slowly progressive, giving rise to rheumatoid pain in the affected limb, and increased heat in the tibia. These symptoms were not constant, nor felt in all the bones. No special disturbance of the general health attended this affection. In all the twelve cases except the last, the disease had begun in persons over forty years old. There was no inherited relation to any disease except gout. The posture, general appearance, and movements of the patients had been alike in all the cases observed. They often sufficed for the diagnosis.

Mr. Bryant and Dr. Barlow described similar cases which they had observed.—*British Med. Journal*.



LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

YELLOW FEVER.

Though at this late date there is probably no danger of a general epidemic, it is evident that yellow fever has gained a firm foothold on our southern coast. Brownsville and Matamoras have suffered notably, and although on August 10th there were but two yellow-fever patients in Pensacola, and these imported cases from Matanzas, the disease spread rapidly, until on September 9th, with a daily increase of from thirteen to sixteen cases, the local board of health declared it epidemic. In Brownsville on the same day there were fifty-one new cases and three deaths. Since that date from fifty to sixty new cases have been reported each day. Among the sick is the faithful Dr. Wolffe, and his condition is such that but little hope of his recovery is entertained. At Matamoras the disease is decreasing, there having been but sixty cases in the town at the date above named. Three deaths from yellow fever, however, had been reported for the twenty-four hours ending with 9 o'clock A.M. on September 9th. Later advices say that the town is now considered free from fever. From Havana ten or twelve deaths per week are reported up to the same date. Among these places Brownsville has suffered most, though the disease here has not been so fatal as in Pensacola. During the week ending September 4th there were five hundred and forty-four cases with twenty-four deaths in Brownsville, the total num-

ber since the epidemic began being twelve hundred and sixty-one cases with seventy-six deaths. Nearly one fourth of the whole population has been attacked by the disease, but the death-rate has been unusually low. This rate, which in some epidemics reaches seventy-five per cent, rarely falling below ten per cent, has been at Brownsville only about six per cent. In Pensacola the death-rate has been fifteen or twenty per cent.

From a study of this, and we may say of all our epidemics of yellow fever, it would seem that the disease is in every instance brought into our southern ports from the tropics, fruit-vessels from the Antilles being perhaps the most common carriers of the infection. The first case in Pensacola was traced to the bark Saletto, which arrived July 2d, was quarantined twenty days, and then came up to the railroad wharf, where she was unloaded. On August 10th the captain and two seamen were sick with the fever. On August 25th another case was found on board an Italian bark which had been sixty days in port. Two cases more were discovered on another vessel in the harbor, and on August 28th a case was found in the Marine Hospital, which proved to be a seaman from a New Orleans vessel which had arrived two weeks before. From these centers of infection the disease spread among the inhabitants.

In view of the fact that the inception of the epidemic was among the seamen, and the centers of infection were in each of these cases found among the shipping, the importation theory would seem to be well supported. In fact, this method of origin

is no longer doubted by physicians who practice in our southern seaport towns, and an implicit faith in quarantine is held by one and all of the inhabitants of the yellow-fever zone. That this means is effective to a degree proportionate to the thoroughness with which it is carried out would appear to be shown by a study of the present epidemic. The sanitary cordons established on Arroya, thirty miles from Brownsville, and from Laredo to Corpus Christi, have so far confined the disease to Brownsville and a limited area of country lying to the northward, while the promptness and thoroughness with which all the neighboring places have quarantined against Pensacola have prevented a spread of the affection into the surrounding country.

With every return of yellow fever to our southern coast-line its exotic nature and the value of quarantine as a means of preventing its entrance into our land, are made more apparent; and while we may not expect that for yet many years to come the specific germ of the disease will be found, or a specific treatment devised, we have good reason to believe that when our boards of health—National, State, and local—shall be given the means and the power to do all against this tropical invader that sanitation is capable of doing, yellow fever will be as effectually barred out of our southern States as has been the oriental plague from southwestern Europe since the year 1820.

MICROSCOPIC EXAMINATION OF GUITEAU'S BRAIN.—The Medical News of Sept. 9th gives an account of the microscopic examination of the brain of Guiteau, made by Drs. J. W. S. Arnold, of New York, E. O. Shakespeare, of Philadelphia, and J. W. McConnell, of the Army Medical Museum. From this it would appear that, whatever the expert neurologists may have said relative to Guiteau's mental state, his brain was the seat of extensive lesions. The perivascular lymph spaces of the capillaries of the corpus striatum were filled with granular matter, the

nerve-fibers showed cellular elements identical with those presented by the optic nerve in descending optic neuritis, while in many places in the cortex of the cerebrum a diseased state of the vessels and a proliferation of lymphoid elements in the pericellular spaces, both of the neuroglia cells and of the ganglionic corpuscles, were to be seen. There were also traces of a few recent hemorrhages.

Mens sana in corpore sano! This will doubtless reopen the discussion of Guiteau's mental state, and the medical press will groan under the load of labored arguments, *pro* and *con*, which these learned but verbose specialists will lay upon it. The dictum of *mens sana* may stand approved, but the *corpore sano* doth not appear.

GROSS'S SYSTEM OF SURGERY.—A new edition of this world-renowned work has just been completed and is now going through the press. The author has taken advantage of his retirement from active collegiate duties to revise his Surgery, and with robust health and a vigor of thought not abated with his advancing years, he has brought the work to a satisfactory completion. That the new edition is up to the present high standard of surgery need not be questioned, and its distinguished author may take comfort in the fact that while surgery has made immense progress since the last edition of his work appeared, none have done more than he to further this advancement.

MISCELLANY.

NATIONAL MEDICAL AND SANITARY EXHIBITION.—A convention of commissioners appointed by the National and various State boards of health of the United States, with commissioners appointed by the American Public Health Association, will assemble in Indianapolis, Ind., on Wednesday, October 18, 1882, at 9 o'clock A.M., to take into consideration the question as to the best course to be pursued which may result in holding a national medical and sanitary exhibition in the year 1883.

PEN PICTURE OF PASTEUR—M. Pasteur is described as a man of low stature and powerful frame—spare, angular, and weather-beaten. Of humble origin, the son of hard-working parents, he bears the indications of his race and hereditary bias in every lineament of his countenance and every movement of his well-knit, muscular physique. He is a man of few words, abrupt but clear in his sentences, logical, and to the point. His style of speaking is what would be ordinarily called argumentative; his voice is clear and distinct, but unemotional, and his gestures are quick and impetuous, although wanting in the elegance that arises from early training. It is a very curious fact, but one that finds its correlative in the lives of Wallace, the celebrated British naturalist, and Prof. Crookes, the great master in physics, that, although his fame rests upon minute researches of the most material complexion, M. Pasteur is an ardent and steadfast believer in spiritualism. He takes no interest in the positivist doctrines of Comte or in the evolution theories of Herbert Spencer, who, he thinks, overlook the central fact of the universe, infinity. Like M. Littré, he holds that without a spiritual link the human family would fall to pieces and nations degenerate into barbarian hordes. In his own neighborhood, M. Pasteur is a man of political and social weight, and in his own house he is the soul of genial and pleasant hospitality.—*Med. and Surg. Reporter*.

AN important literary and scientific discovery is announced from Salonica. The works of the celebrated physician Galen, which were supposed to have been lost, have been discovered by M. Papageorges. They are in manuscript, date from the fifteenth century, and seem to have originally formed two hundred and forty-eight sheets. One hundred and forty-four are in good condition, twenty-four are mutilated or worm-eaten, and eighty are missing.—*Medical Record*.

THE latest news in the great field of antiseptics may be considered the fact that the sinews of the kangaroo are now employed instead of catgut for ligatures and sutures. They are said to possess none of the disadvantages but all the benefit of all other animal sutures, being especially reliable in the ligature of large vessels and in the suture of wounds.—*Deut. Med. Zeit.; Med. and Surg. Reporter*.

POTASSIUM PERMANGANATE A DANGEROUS INTERNAL REMEDY.—The virtues of permanganate of potash as an antidote to the venom of the Brazilian bothrops have been much discussed of late. M. de Lacerda seems to have obtained satisfactory results in his practice in Brazil. He injected hypodermically an aqueous solution, with the permanganate to a hundredth, and by means of a Pravaz syringe. The experiments of Vulpian and Couty have shown, however, that although the solution may be efficacious when applied at once to the wound, and when the venom has not been absorbed, yet the effect is null at a little distance from the wound, the permanganate being decomposed in the blood. A large dose, on the other hand, would be mortal in its effects. Experiments with animals show that treating zymotic diseases with permanganate of potash should be entirely abandoned.—*Weekly Drug News*.

AMONG the Russian refugees recently arriving in New York were thirty-five medical students, eleven of whom were women. Considering the scarcity of young doctors in this country, and the uncertainty of the coming crop, this gives to the Russian immigration the appearance of supplying a long-felt want.—*Associated Press*.

M. SAINT PAUL has offered the French Academy of Medicine the sum of five thousand dollars to found a prize for the discovery of a cure for diphtheria, the competition to be open to the world and not to be confined to the medical profession.—*Med. Bulletin*.

PROF. LANGENBECK has been made by his government an Active Privy Councillor, with the prefix "Excellency." In this it is understood that Langenbeck steps upon the topmost round of the ladder, so far as worldly honors are concerned.

TWENTY PAPERS, some of them being of high standard, were read at the Canada Medical Association, which met at Montreal last week. A brilliant reception was given the members by the local profession.

HOG-CHOLERA, or the infectious pneumo-enteritis of swine, has appeared in the vicinity of Reading, Pa.

TEXAS CATTLE-FEVER has appeared in Penobscot County, Maine. Up to this time eight animals have died of the disease.

At the bottom of a copper mine at the foot of Kennesaw Mountain, in Cobb County, Georgia, a peculiar liquid of a deep wine color is constantly collecting. The color, odor, and taste of this fluid, though strange enough, are not its most singular characteristics. It has been found that when a few drops of nutgall are added to it the fluid turns jet black, and at once becomes ink of the best quality. Judge Hammett is authority for the statement that the records of the county are kept in this natural ink, which neither freezes, fades, nor corrodes.—*Weekly Drug News*.

"HAVE you any 'Field's Aroma' this morning?" asked a hay-fever sufferer of the druggist. "Never heard of it," promptly replied the pill-worker; "are you sure you have got the correct name?" "I think so; but here's where I saw it," said he, handing a paper to the clerk. The item read, "The aroma of the fields of growing wheat is highly recommended for hay fever." The sneezer was advised to buy a farm.

Dr. RIEMBAULT, in a communication made to the Paris Academy of Medicine, states that he has made a series of researches with reference to "miner's anemia," and he believes that this affection is due to the presence of a worm of the filaria species, and not to that of the *Ankylostomum duodenale*, as asserted by M. Perroncito, of Turin.—*Med. and Surg. Reporter*.

Dr. G. G. WOODWARD, U. S. A., who has been in Europe for some months by reason of failing health, has not improved much, according to late accounts from him.

SIR EDWARD BURROWES SINCLAIR, the obstetrician and gynecologist, and well-known writer on subjects connected with his specialty, died recently in Dublin.

Dr. FRANCIS ATWOOD, of St. Paul, Minn., died at his home last week of typho-malarial fever. Dr. Atwood was well and favorably known as an ophthalmologist.

THE Philadelphia Presbyterian Hospital has received a bequest of ten thousand dollars by the will of the late George W. Musgrave, D.D.

THE National Board of Health of Germany last year spent nearly four million dollars in the prosecution of its labors.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

As this will be my last letter pertaining to medical matters, etc., in New York, it will be made up mainly of odds and ends.

Among the last medical gentlemen I became acquainted with while in the city was the eminent dermatologist, L. Duncan Bulkley, of the New York Hospital. He stands at the head of his specialty in this country, and withal is a very clever and sociable gentlemen. I attended his clinics, where I saw a great variety of skin-affections, among others syphilis in its various phases. The doctor lectures to a class of twenty or thirty, who are making dermatology a specialty. He illustrates his subject with cases as well as with wax representations and plates. Of the former he has nearly one thousand, and of the latter about two thousand, representing all the varieties of the multiform diseases of the skin. Besides his clinics and lectures at the hospital, the doctor does an extensive private and office practice. He is quite young yet, apparently not over thirty-five years, very energetic and enthusiastic in his profession, and promises to become equal to some of the great lights of Europe in his specialty.

I have noticed heretofore some of the leading men of the profession in New York, among others Profs. Sayre, Hamilton, Flint, Loomis, Thompson, etc., but there are some others about whom I would like to say a few words. There are two young men recently come into Bellevue as professors, who promise to attain in a short time to a very high degree of eminence. I allude to Professors Dennis and Welch. The former is professor of dislocations and fractures, and fills the chair lately occupied by Prof. Hamilton, and the latter is professor of pathology and pathological anatomy. Prof. Dennis was a student of the late Prof. James R. Wood, and practiced with him at the time of his death. He is young in appearance, and probably is twenty-six or twenty-eight years old. He is a graduate of Bellevue, and has spent several years in Europe in pursuit of medical knowledge. While in England he gained the honor of F.B.S., which for a young man is quite a prize. Of course he is well posted in the science of medicine, and is perfectly at home in his department. As a lecturer, he is plain and fluent, with a fine voice.

Every word is enunciated distinctly and sufficiently loud for all to hear. It will not be long till he becomes as popular as a lecturer as his distinguished predecessor, Dr. Hamilton. He was born of wealthy parents, and besides has married a rich wife. In this case it might be said he is an exception to the rule that when a young physician marries wealthy he gives up his profession and takes his ease. Dr. D. is still energetic and enthusiastic. He was greatly beloved by his preceptor, the late Prof. Wood.

Prof. Welch is still a younger looking man than his *confrère*, Prof. Dennis. He may be twenty-five or twenty-six years old, but looks to be hardly more than twenty-two or twenty-three. Pathology to him is like A B C to the most of us. He seems never to be at a loss to explain morbid anatomy and account explicitly for the cause of death. He handles the organs post mortem, and reads off the diseases which caused death as he would a book, without any hesitancy. He is a very fluent and rapid speaker, yet quite distinct in his utterances. He, as well as Prof. Dennis, spent some time in Europe in the prosecution of his studies after graduating in this country. While abroad he devoted a great deal of time to microscopy, and in that particular is quite an expert. All matters of that kind coming up in Bellevue are referred to him. I predict for him and Prof. Dennis the very highest honors and attainments in the profession.

I am sorry that so sociable and pleasant a gentleman as Prof. St. John Roosa, of the University, should bear the odium of having introduced the resolutions into the New York State Society by which the Code of Ethics is changed so as to allow consultations with homeopaths. He is one of the most affable and gentlemanly men with whom I have become acquainted, and I can not believe that he was influenced to act in this matter in the interests of the specialists from motives of pecuniary gain, as charged. But nevertheless, in the estimation of nearly all physicians outside of New York, he made a great mistake in bringing about a change of the code. He holds the position of Professor of Ophthalmology at the University, and also is one of the visiting surgeons at the Manhattan Eye and Ear Hospital. He stands very high as an oculist.

I am sorry the New York Medical Record is so angry at the exclusion of the State Society's delegation at the St. Paul meeting. It uses very big talk when it asserts that there is more medical brains in New York

than is possessed by all outsiders, including the whole American Medical Association. This treads on the dignity of Philadelphia, as she belongs to the outsiders. I think that this little matter will be effectually settled at the next meeting of the New York State Society.

In concluding this letter I will give you a few of what Prof. Smith, of Bellevue, on *Materia Medica*, calls his small doses. He distinctly wishes it understood, however, that he is no homeopathist. I do not recollect to have seen them published elsewhere:

Castor oil, five drops, rubbed up with sugar and given every two hours in intestinal irritation of children.

Tinct. hamamelis, one drop every fifteen minutes as a sedative in children.

Tinct. pulsatilla, one drop in desmenorrhea every fifteen minutes, also in orchitis and epididymitis.

Fowler's solution, one half drop in nausea of pregnancy and after a drunken debauch.

Tartar emetic, one grain in a quart of water. Dose, one teaspoonful every fifteen minutes in the bronchitis of children.

Calomel, one fiftieth of a grain in syphilitic headache, without gummata, every fifteen minutes. Also in children with vomiting, accompanied with mucous discharges, one half grain bichloride of mercury in a pint of water, and administered in teaspoonful doses every fifteen minutes; good for the same affections.

Fl. ext. ergot, one drop every fifteen minutes in menorrhagia.

This is my last letter, as announced at its commencement, respecting my observations, etc., in New York city during the past winter. I used my best efforts to acquire knowledge, and in doing so took in a wide field for observation. I attended some three medical colleges and six hospitals, besides occasionally visiting a medical society. You might say I made my field too broad, seeing and hearing more than I could digest; but, being young and ambitious, I aimed to see a little of every thing and digest what I could.

Although New York offers as fine a field for observation, medically speaking, as perhaps the most of European capitals, still I would not advise western young men, who wish to study medicine, to go there in preference to their home schools. In the first place, it is attended with a great deal more expense, which is a considerable item with many; and secondly, they can always see and hear as much as they can understand

at least for the first two sessions of lectures at home. After they graduate at home then they will be prepared to go to New York and finish up, if they have the means to do so; if not, let them go to work and make the required money, at the same time keeping pace with the advances of their profession by reading, etc.

T. B. GREENLEY, M.D.

ORELL, KY., June, 1882.

THE CAUSE OF FEVER.*

Editors Louisville Medical News:

During the last meeting of the Mill Creek District Medical Society of Indiana I received the inspiration which resulted in the following able paper. I wrote it out immediately upon returning home, intending to read it at the next semi-annual meeting, where I know that its strikingly original and boldly aggressive character would carry all before it and at once give me the highest place among the fellows of that influential body, and, through it, the medical world at large. But being feverish for fame, and fearing that some plodding fellow like Koch or Pasteur might stumble on the same discovery and get it before the world before the time for the society again to convene, I have concluded to rush it into print now, with full belief that some morning in the no distant future I shall, like Lord Byron, when he published the two first cantos of *Childe Harrold*, "awake and find myself famous."

If you can not at once give this magnificent discovery the advantage of your wide circulation, for Heaven's sake return the manuscript at once, that I may lose no time in getting it into the *British Medical Journal*.

Yours truly,

BRAGG A. DOCIER, M.D.

Gentlemen: Inasmuch as at the two last semi-annual meetings of this society a fellow has almost unchallengedly claimed the invention of the antiquarians' beloved theory that *carbonic acid is the cause of all fevers*, I have felt encouraged to urge upon this society my more modern discovery, as the only true explanation of animal combustion and human preservation.

For a number of years I have given much attention and study to this subject, which is destined to reverse the very foundation upon which rests the greatest fallacious laws of the

practice of medicine. It is universally supposed that fever is a disease. It is no such thing! but is merely a symptom, and this symptom is always excited by the same cause, every time. And what is this cause? It is the accumulation, absorption, and irritation of carbolic acid in the blood.

Some croakers are always disposed to doubt every new discovery, but I will settle their convictions in a few seconds. It is astounding to me to see what faith is sometimes put in the thousands of useless experiments found in books. Any body that wishes to write a book can do the same thing if he wants to. I don't believe half of these authorities, although I've got most of them on my shelf. I have for years had my doubts about the truth of these science laws, and I can show the evidences of a blind faith in specific medicine in the ravages on my own head.

I have performed hundreds of chemical, theoretical, pneumatical, and other such experiments, in all the modern languages, to prove the fallacy of the falsely called common sense principles in medicine, and the indisputable veracity of my accumulation discovery.

My discovery is wholly original, because it was first revealed to me alone by an intimate friend some years ago.

Carbolic acid exists in the blood in small proportions in health. It is an antiseptic disinfectant, and prevents putrefaction and decomposition of the blood and general system. If it were not for this acid in the body, the humors of the blood would putrefy and smell strongly in life. In death this acid is destroyed, and the body takes on a peculiar odor generally known as *de mor-i-bust*, because of the explosive quality of the inside gas.

When a constitution becomes surcharged with a superexuberance of carbolic acid, there will be an irritation of the system and a radiation of heat and an exhilaration of the pulse, all of which, on account of the fast and heated motion, is termed *febrile movement*.

In swamps and other dwelling-places called malarious there will be found a strong inclination to rank growth and preservation of vegetables. But this is a poisonous air for the human, because the great amount of carbolic acid floating around promiscuously is waiting for a victim. I bottled a gallon of this air, some months ago, in a very weak solution of alcohol, and have taken small quantities of it from time to time, and it

*From advance sheets of a Paper intended to be read before the Mill Creek District Medical Society of Indiana.

was well preserved and of good flavor, because of the antiseptic powers of the carbolic acid.

I have examined the urine of persons living there who are afflicted with fever, and obtained the following uniform results: Color, clear old wine; smell, distinctly peculiar; when shaken up, large beads appear in it as sparkling as 1840; taste sour, somewhat saltish, and biting like carbolic acid, with an after-taste due to excess of carbolic acid. From the above it is seen that only by the taste does chemical analysis reveal the carbolic acid.

When bacteria swarm in the blood the carbolic acid is increased, and produces febrile movement, in the same manner as when fleas swarm in warm weather, itching is increased, and also produces a sort of reflex febrile movement. If the carbolic acid is not sufficiently concentrated the bacteria and other leucocytes increase their offspring on the inside and lend a helping hand to others on the outside. If the disease continues to a favorable termination, the vermin and the carbolic acid neutralize each other; if it ends fatally, it does so because the vermin get the advantage of the acid and devour it, thereby destroying themselves and likewise the patient, in a like manner as a doctor might do who would unwisely take the same medicine he had prescribed for his patients.

These facts can be proved, but I have no faith in the microscope. It don't teach any thing, and you don't know what you see when you look into one. Neither do I take any stock in contagious diseases. I don't think any thing is contagious. I have been exposed many a time—why haven't I caught them? If they were catching, who caught the first case? These are incontrovertible facts.

Malarial fever is a thing which exists only in the swampy brains of utopian sensationists. It is a fever caused by the evolution of oxygen and carbolic acid from conglomerate vegetables at 65 above zero in the shade. It is a fever which attacks the bilious excretion, the cholagogue, and, according to the renowned Dr. Quincey, the mesenteric glands behind the kidneys are also infected.

I never lost a case of fever when I was sent for in time to get my medicines to act. I never experiment on human lives as others do. I treat them all alike. My "Great Universal Panic for all Evils" never fails if used in time to act. Some is taken inside

and a little rubbed on the outside. The receipt is secret, and can not be revealed.

Surgical fever is all nonsense. The fever from wounds is caused by a disturbance of the blood in the injured part, and disintegration of hemoglobin, and conversion into free active carbolic acid, just as the Lycians were converted into free active frogs by Latona for disturbing the water. This circumfusion of heat is then transmitted throughout the whole constitution by reason of the first law of heat, which says that heat tends to spread itself promiscuously through all substances.

The fever of disruptive diseases of the skin is caused by the disability of the disruptive skin to exhale the accumulated carbolic acid, and it is then absorbed by the nerves, irritating the whole nervous system and resulting in a superexuberance of heat.

I will report a case. A man who had been to all the doctors without obtaining health came to me, as he heard a good deal about me. He had exhilaration of the pulse and pain inside the cerebellum, especially about the lower part of the right spleen. I examined his breath and tongue, and found both severely loaded, especially in the odors, which had a considerably strong suspicion of old disintegrated and decomposed carbolic acid. The eruptions of the sternum were frequent, numerous, excessively strong and unpleasant, and more severe than the tongue or breath could tell; but the carbolic acid scent was obliterated in the strength of the others, because, as was apparent, of the affectation about the spleen. I put him on treatment and he got well.

This is a case which was deficient in carbolic acid, and the result was partial decomposition and putrefaction of some of his internal viscuses.

These grand truths are incontrovertible. Your authorities may be against me, but the time shall soon come when all will see the light. I suggest that the chair appoint a committee to investigate this subject and report at our next meeting.

BULL CREEK P.O., Ind., Lock-box 320,
9th month, 14th day,

PROF. GRAHAM BELL, the inventor of the telephone, received the honorary degree of Doctor of Medicine at the Tercenary Celebration of the University of Würzburg, with Charcot of Paris, Clausius of Bonn, Quincke of Heidelberg, and Bdaumüller, the Vienna bookseller.

Pharmaceutical.

AMERICAN SPONGES.—The National Museum of Natural History, at Washington, D.C., is soon to be enriched by a complete collection of American sponges. Mr. D. A. Gabay, manager of the sponge department of McKesson & Robbins, who are making this collection for the National Museum, displayed about fifty specimens for our inspection. Among them, in addition to the well-known sheep's wool, grass, glove, etc., were several unique shapes and curious. One, a "rolling johnny," as it is called by the sponge gatherers, is rarely seen in the markets. It is a sponge that has become detached by the action of the waves, and by constant rolling about on the bottom of the sea becomes nearly spherical in shape, hence its name. Another interesting specimen is a petrified sponge bearing a faint resemblance to brain coral, but entirely lacking the symmetry and beauty of coral. A Neptune's cup of large size is also among the collection, which numbers about fifty specimens, some in their natural state, some cleaned, and still others bleached, and taken from all depths of water varying from four to twenty feet. A specimen is also shown preserved in alcohol, the sponge being placed therein just as taken from the water. It is not a pleasant-looking object to view, but is of interest to the student of natural history and to all interested in sponges.—*Weekly Drug News*.

ARTIFICIAL PIPERINE.—M. Rugheimer describes the successful attempt to build up the alkaloid piperine by the same methods as those adopted by Ladenburg in the preparation of artificial atropine. The action of phosphorus pentachloride upon piperic acid yielded the acid chloride, which was then made to act upon piperidine. The result of the reaction, freed from side products, was piperine, which, after purification by recrystallization from benzol and ligroin, fused at 127° to 128° C., and gave figures on analysis closely according with those demanded by the formula. Natural piperine, according to Rugheimer's observation, fuses at 128° to 129.5° C. In some text-books the fusing point of piperine is erroneously given on Pelletier's authority at 100° to 110° C. The author promises still further experiments to establish the identity of the natural and the artificial alkaloids.—*Ber. Chem. Ges.*

AMERICAN PEPSIN.—A communication on the gastric juice was lately sent by M. Chaptant to the Académie des Sciences. He believes that pepsin results from the combination of an albuminoid matter with an organic acid. Pepsin, one of our latest new remedies, is undoubtedly one of the most efficacious and is continually growing in favor. American pepsin is acknowledged to be the best in the world.—*Weekly Drug News*.

Formulary.

METATARTRATE OF MAGNESIA.

The following is the formula given by the "Dutch Society for the Advancement of Pharmacy":

Metatartaric acid.....	10 parts;
Distilled water.....	40 "
Magnesia carbonate, about.....	7 "
Alcohol.....	q. s.

Dissolve the acid in the water, and add, under stirring, so much carbonate of magnesia as may be required to be in slight excess. Filter the solution immediately, and add to the filtrate double its volume of alcohol. When the precipitate has settled, pour off the alcohol, spread the magma upon a plate of glass or porcelain, and let it dry in a cool place.

Metatartrate of magnesia is an amorphous, not hygroscopic salt, which may easily be converted into a white powder, and is soluble in four parts of water. When dissolved in water it soon is converted into ordinary tartrate of magnesia, and therefore should not be kept in stock in solution.

DIURETIC WINE.

Several formulæ are given by different authorities, but the following is probably as good as any and is the one usually recommended:

Oil of turpentine.....	fl. ℥ ij; 8.00 fl. Gm.;
Lemon juice.....	fl. ℥ j; 30.00 fl. Gm.;
Wine.....	fl. ℥ iv; 120.00 fl. Gm.

These, after mixing, should be taken at one dose. A light wine, as Rhine or Hungarian, is best.—*The Weekly Druggists Circular*.

TO PROMOTE EXPECTORATION IN EARLY STAGE OF PHTHISIS.

R Ammon. muriat.....	℥ ss;
Opii pulv.....	gr. x;
Digitalis pulv.....	} āā ℥ j.
Scillæ pulv., ad.....	

M. Div. in pil. xxx. Sig. One every six hours.

—*Medical Gazette*.

A POWERFUL DIFFUSIBLE STIMULANT FOR A CHILD FIVE OR SIX YEARS OLD.

R Etheris vel spts. etheris.....	} āā ℥ v;
Spts. chloroformi.....	
Spts. myristicæ.....	℥ x;
Infus. caryophylli.....	℥ ij.

M.

—*Western Med. Reporter*.

TREATMENT OF INFANTILE GASTRO-ENTERITIS.

From observations made in the Children's Hospital at Pesth, Prof. Epstein concludes (*Prayer Med. Wochens.*) that a liquid diet, poor in fatty matters, is the basis of treatment of gastro-enteritis in young infants. He recommends particularly an albuminous lemonade, obtained by beating up the white of an egg with a pint of water previously boiled, the resulting mixture being then carefully filtered. At the Pesth hospital this is prepared fresh three times daily, and is kept in a bottle well corked and placed upon ice. In a word, all precautions are taken to prevent the introduction of micro-organisms into the system.

Nursing from the breast should be entirely stopped for the first few days. Every three hours fifty grams of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonfuls. The child should not be put back to the breast until the loss of flesh, which is considerable at first, begins to diminish. Again, when at the commencement there is violent vomiting and rejection of yellowish curds, M. Epstein washes out the stomach daily for from eight to fifteen days by means of the esophageal tube. As regards direct remedial measures, M. Epstein employs the following potion:

R Sodæ et magnes. benzoat..... ℥iv;
Sp. vini gall..... ℥ss;
Aquaë..... ℥vj.

M. Sig. Teaspoonful every two hours.

When there is any tendency to collapse, recourse may be had to the following:

R Tinct. valerian }
Vini port (pur.)..... } aa ℥ss.
Ether. sulph..... }

M. Sig. One or more drops of this mixture may be given in a spoonful of water.

When the child presents any sign of cerebral hyperemia, with great agitation, chloral in small doses may be prescribed:

R Chloral. hydrat..... gr. viij;
Aquaë..... ℥xij.

M. Sig. One teaspoonful of this solution may be given every half hour while excitement continues.

Finally, when the inflammation has reached the large intestines, and symptoms of dysentery supervene, it may be attacked directly by the following enemata:

R Ac. boracic..... ℥ss;
Aquaë destil..... ℥ij. M.

Or with—

R Argenti nitrat..... gr. xij;
Aquaë destil..... ℥ixss. M.

The results obtained from this course of treatment are, it appears, excellent.—*Med. and Surg. Reporter.*

NEURALGIA OF THE STOMACH.

R Bicarb. potassæ..... ℥j;
Acid. hydrocyanici..... } aa gtt. xxiv;
Sol. sulph. morph..... }
Aquaë camphoræ..... ℥iv.

M. Ft. mist. Sig. Teaspoonful as required.

—*Medical Gazette.*

EUCALYPTUS is highly recommended as a topical remedy by Dr. B. G. Hagle, in *Northwestern Lancet.*

Selections.

Two Cases of Malignant Pustule, together with a Table of Seventeen Cases Treated at Guy's Hospital.—Read before the Royal Medico-Chirurgical Society June 13, 1882, by J. N. C. Davies Colley, M.B.:

In this paper the author tabulated seventeen cases of malignant pustule or charbon which had occurred during the last nine years at Guy's Hospital, and gave more fully the details of two which were admitted into his wards last year.

Case I. F. R., aged thirty-one, worked in a hide-warehouse, and had been engaged for eight days with Australian fleeces. On April 10, 1881, a small red spot appeared on his right lower eyelid. It grew rapidly. On the 16th he was admitted with the eye closed, and with a partly dry, partly vesicular eschar covering nearly the whole of the swollen lower eyelid. He was in little pain, but weak, trembling, and feverish; the glands were swollen. Immediate relief followed the excision of the eschar. In a few weeks the wound had healed, but the eyelid remained everted. Bacilli were found in the blood at the time of operation.

Case II. T. W., aged thirty-nine, a tanner, had been handling foreign hides until July 2, 1881. He then left off work, and on July 6 noticed a red itching swelling on the cheek. It grew rapidly. On the 10th he lost appetite, and on the 11th he was admitted with a raised nearly circular patch of more than an inch in diameter in the middle of his cheek. The center of this patch was slightly depressed, dry, and nearly black. The sides were covered with small, closely-packed vesicles. There was swelling of the cervical glands and edema of the neck. The eschar was excised, and chloride of zinc applied. He recovered rapidly. Appended was a colored drawing of the charbon, and drawings of the microscopic sections of the eschar, showing the bacilli anthracis in the corium and round the hair follicles.

The author called attention to the following facts:

1. Malignant pustule or charbon is not unfrequent among tanners or wharf laborers who have to handle foreign hides and fleeces.

2. It has not yet been observed at Guy's Hospital as a primary disease in the viscera, or in the form of malignant edema of the integument.

3. It has been seen only on exposed parts of the body, *e. g.*, the face, neck, and arms, the most dangerous position being the neck, probably from its vicinity to the larynx.

4. The seventeen cases were between the ages of eleven and forty-seven, and the majority were young adults of the male sex.

5. Twelve out of seventeen cases occurred in September and the four following months.

6. The disease may be confounded with malignant facial carbuncle, poisoned wounds, and primary chancres of the face. The chief points to notice are the painless character of the eschar, its vesicular margin, and slightly depressed, dry, blackish center.

7. The nature of the disease is not unfrequently overlooked, and its symptoms have been attributed to such causes as the bite of a mosquito, or the absorption of arsenic through an abrasion.

8. It should be treated at once by excision or free cauterization. Out of fifteen cases in which the es-

char was excised, eight were already suffering from constitutional symptoms, and twelve had considerable edema or glandular enlargement. The two cases in which excision was not performed were admitted with dyspnea and other serious symptoms, and it is probable that in them the operation would not have averted the fatal result.

9. Swelling of the most superficial part of the cutis with the formation of a ring of papules surrounding a zone of vesicles, at the center of which is an eschar, is the earliest change recognized.

10. Bacilli are present in these papules but not beyond them, being numerous in the tissue of the cutis immediately below the eschar, and above to its borders, and most abundantly just below the Malpighian layer of the epidermis covering the outer part of the eschar.

Some remarks were made upon the subject of the paper by Mr. Bryant and the author.—*British Med. Journal*.

Acne.—Under this name certain conditions which differ considerably from each other are grouped, but my impression is that the grouping is to a considerable extent natural, and that they really are closely related. All forms of acne have this in common, that they are due to morbid processes occurring in or around sebaceous glands, and further, that their commonest site is the face, with the exception, perhaps, of white acne of milium, which is due to congenital occlusion of some of the gland orifices and accumulation of white albumen (?) under a thin transparent pellicle of epidermis. All are, at one stage or another, attended by congestion or inflammation. Their differences depend probably upon differences in the character of the skin in different persons, differences in age, and modification in the ordinary causes. In order that acne should occur, it is essential in the first place that the sebaceous system should be largely developed, and the skin moderately thick. These conditions given, we shall then be able to watch the play of various influences, local and general, upon their subject's health in producing its various forms. If his state of tone and vigor remain perfect, probably his glands will continue to elaborate and pour forth their secretion without any disturbance. No accumulation will occur, and no secondary congestion around them will be observed. But the slightest, the most temporary disturbance of tone, may derange the function of these glands, and may permit the retention of a thick secretion, or favor the occurrence of inflammation around an irritating plug. How rarely do we witness the occurrence of acne in any form before puberty, and how frequently do we obtain proof after the period that the influence of the sexual system is all-potent in so disturbing the tone that acne spots are produced. In girls menstruation is often attended regularly every month by fresh eruptions of acne, and in boys nocturnal emissions frequently have the same effect. If, however, the integument were originally thin and not greasy, then it is possible for the tone to be very seriously damaged by the causes adverted to, and yet no acne may be produced. In such cases pallor of skin may be the only result. In others in which there is less than usual proneness to inflammation, and perhaps very slight disturbance of tone, a peculiar form of lichen-acne, or very chronic persisting enlargement of the gland without congestion, may occur. This is seen chiefly in the temples and forehead, and in the male sex it is often coincident with similar long

persisting enlargement of the glands on the penis and scrotum.

The location of acne on the face is probably often explained by preëxisting peculiarities in the state of the skin of the face. Some get acne almost solely on the chin, or on the chin and cheeks, and these are almost always those in whom the nose is specially thin. On the other hand, those in whom the nose and skin are generally thick become liable when acne is developed to have the cellular tissue around the glands implicated as well as the glands themselves. Thus tuberoso indurations of a very chronic nature may be produced, which, if in adult life the causes of aggravation remain, may advance from what is known as acne tuberosa to the grotesque deformities.

Acne is very constantly hereditary, the same form often prevailing in several members of a family, and acne tuberosa, I believe, often descends in several generations from father to son. I have not seen acne tuberosa more than once in women, and in that instance a sister of the patient had common acne, and here males had shown the tuberoso form. The pustular or common form belongs to youth, the rosaceous or erythematous to adult life. If, then, we attempt to reply to the question, "What does acne in its various forms imply?" we should, I think, have to answer that, in the first place, it denotes original and heritable peculiarity in the structure of the skin; next, that its common form in young persons usually implies greater or less disturbance of tone in connection with the sexual system, and that its rosaceous form results from dyspepsia, attended by flushing of the face after meals. The tuberoso variety implies original peculiarity of structure, and is often aggravated by dyspepsia and intemperance. Common acne is almost constantly attended by proofs of enfeebled circulation, such as cold feet, and often by constipation. Closely associated with acne are the liability to styes, to some forms of sycosis, and to boils, but with these exceptions I know of no forms of skin disease which are due to the same class of causes, or denote the same conditions of health.—*Jonathan Hutchinson, in Med. Press and Circular*.

Antiseptic Treatment of Abscess.—Dr. Lucas Championnière recommends in the *Union Médicale* the following procedure: Before opening an abscess, in whatever region it may be placed, we should carefully wash the skin, especially if it has been covered by a poultice, with a strong carbolic acid solution: R. Acidi carbolici, 50 parts; glycerini, 75 parts; aquæ, 1,000 parts. M. The bistoury should also be dipped in the solution. The contents of the abscess are to be discharged, and some of the above solution injected, care being taken that the injected liquid has a free issue. The end of a caoutchouc tube is introduced into the wound, having a thread attached to it to facilitate its removal, and it is then covered by a thick layer of charpie, impregnated with a solution of carbolic acid 25 parts, glycerin 25 parts, and water 1,000 parts. Finally, over all is laid a layer of gummed silk. At the end of twenty-four hours the tube is removed in order that it may be cleansed and shortened, when it is again covered with the charpie moistened with the weaker solution. Under this treatment the amount of suppuration is diminished, the redness of the wound becomes insignificant, and the cicatrices which result are much less apparent. Dr. Lucas recommends this procedure especially in abscess of the breast.—*Canada Med. Record*.

Ether vs. Chloroform.—In a recent letter to *The Lancet*, Mr. W. H. Fenton Jones, after commenting on what he considers the "grave risk attendant upon the administration of chloroform," says:

I would at once put the question, Why use it when a far safer and more preferable agent is within reach? How many deaths would have been avoided had it been the universal practice to adopt Mr. Jonathan Hutchinson's golden rule, "Ether for all patients over six years of age and under sixty"? Does not this rule cover such cases as those recorded last week, and many others from time to time reported?

The history of the fatal case is practically the same. It is a young or middle-aged patient, in fair, or even robust health, who is about to submit to some minor, but painful operation. Chloroform is administered; the first stage is protracted; in the second stage suddenly the pulse becomes weak, then stops; a few embarrassed attempts at respiration are made, and all is over. The horror-stricken attendants send galvanic shocks through the thorax, and vigorously perform artificial respiration, but all to no purpose. The autopsy reveals a healthy, or slightly fatty heart, with uncontracted ventricles. Would all this have happened had ether been the anesthetizing agent employed? I venture to say, emphatically, no. Ether stimulates instead of depressing the heart's action. Ether never caused the heart to fail in a young or middle-aged patient in fair or robust health. Why should chloroform then be used for such cases? Is it because, though acknowledged to be infinitely more dangerous, it is claimed to be more manageable and quicker in its action? This excuse does not hold good since Ormsby and Clover have placed in our hands their simple and efficient inhalers. Of the two I much prefer Ormsby's.

As house-surgeon to Mr. Jonathan Hutchinson, and house-physician to Dr. Palfrey, I had very great opportunities of testing various anesthetizing apparatus and agents. From an analysis of one hundred cases taken hap-hazard, where Ormsby's inhaler was employed, I find that complete anesthesia is obtained in a shade under two minutes, and that the quantity of ether required is an ounce and a half for an operation lasting twenty-five minutes. The stage of excitement is very short. The secretion of mucus and consequent frothing about the mouth, and troublesome accumulation in the larynx, are reduced to a minimum. The mask is so readily removed and replaced that operations about the mouth and nose are but little interfered with by the anesthetizer. Since the Ormsby inhaler has been taken into general use at the London Hospital I am informed that the saving in ether has been enormous, and what I consider far more important is that chloroform is being gradually banished from the wards.

One word more and I have done. From my practice of the last six months I can fully indorse Mr. Hewetson's remarks as to the advantages of ether prepared from methylated spirits. On the other hand, I have observed no disagreeable results from its use.

Colossal Doses of Belladonna in Dysentery.—A young married lady in the middle of October arrived at Shanghai from another port, dying, gangrene of the bowel having already set in. The motions were scanty, but extremely frequent, and consisted solely of blackish-green sloughs of various sizes and blood-clot, with occasionally a smart gush of hemorrhage. Excessive loss of blood and prob-

ably the treatment adopted had prevented the appearance of the more acute symptoms of general peritonitis, but the abdomen was extended and tympanitic, and its entire surface so sensitive that it was impossible to discover whether any fluid effusion was or was not present. Thirst was intense and vomiting incessant, but both were more or less controlled by ice and hydrocyanic acid. The patient lingered for five days after her arrival, during the first two of which a marked and puzzling symptom was furious delirium, with extraordinary hallucinations, lending an indescribable expression of terror to the face, which the natural course of the disease had rendered yellow and pallid. Wide and persistent dilatation of the pupils led to minute inquiries into the previous treatment, when it was discovered that through some misapprehension colossal doses of belladonna had been administered. The patient had been taking pills containing half a grain of opium and a quarter of a grain of sulphate of zinc, with extract of belladonna "q.s." Each pill weighed eight grains. Hence if nothing but what appeared in the prescription entered into its composition, the dose, which was ordered to be given six times daily, contained seven grains and a quarter of extract of belladonna. The pills had, however, been, in fact, taken only four times one day and three times the next, and had been omitted on the third day. Thus, always supposing that nothing but the three ingredients above enumerated was contained in the pills, fifty grains of extract of belladonna had been swallowed in two days. It is to be presumed that the extract had suffered from the effects of climate and age. The prescription, it should be remarked, had been made up by a Chinese dispenser. — *Dr. Alex. Jamieson, of China, in Medical Times and Gazette.*

Osteotomy.—Fourteen cases in which osteotomy was done for the relief of rachitic curvatures of the limbs, for genu valgum, for ankylosis of the hip, and for complicated or viciously united fractures, serve as the basis for a recent communication by M. Jules Boeckel, of Strasbourg, to the *Revue de Chirurgie*. In connection with these, he considers, also, nine cases communicated to the Society of Surgery of Paris, making a total of twenty-three recent cases to be added to his previous reports on this subject. In all these cases a cure resulted. Of the whole number seven were adults of from fifteen to twenty-eight years; and fifteen were children, the youngest of whom was eighteen months, the eldest eight years. In sixteen instances suppuration was wholly wanting, and the cases were healed with one, two, and three dressings; slight suppuration occurred in six cases; in one only was it abundant. The operation was complicated in this case by a phlegmonous erysipelas, which necessitated repeated incisions. The time necessary for consolidation to be accomplished varied from a minimum of twenty-one and twenty-eight days to a maximum of two and three months. The final result has been most satisfactory in all the cases. A permanent cure was determined at the end of months and years, seven years in the cases first operated upon. In the opinion of the author, osteotomy, done with Listerian precautions, is in children so simple and harmless an operation that their stay in hospital is unnecessary. For two years he has sent such patients to their homes, after operating, without ever having had to regret it. For the relief of genu valgum he adopts exclusively the method of Macewen. — *Annals of Anat. and Surg.*

Erysipelas Analogous to Elephantiasis.—

Erysipelas has in elephantiasis a congener of great interest. The distinction between the solid edema which results from recurrent attacks of erysipelas and the more characteristic form of elephantiasis is only a matter of degree, and it is well known as regards all elephantiasis that repeated attacks of rigors with erysipelatous swelling are constant features of the disease. One is tempted, indeed, to go the whole length, and declare that elephantiasis is, after all, only an example of persisting exceeding chronic erysipelatous inflammation with its resulting hypertrophic changes. Elephantiasis may vary infinitely in degree, but not at all so far as I know it in kind. It always begins in edema, and from this it slowly progresses to hypertrophy. The hypertrophy may implicate the corium and cellular tissue only ("smooth elephantiasis"), or it may involve also the papille, and produce the tubercular form. Usually these two forms occur together in different parts of the same limb. The solid edema, which is its first stage, may begin from a variety of causes. It may be induced by an attack of *bona fide* erysipelas, by an injury, by any slight local inflammation, a chancre, an excoriation between the toes, etc. Almost invariably its persistence is favored by the mechanical disabilities of the part as regards the return of the venous blood and the contents of the lymphatics. We meet with elephantiasis chiefly in the legs, the labia, clitoris, penis, and scrotum, parts which, if once they become swollen, are dependent. The non-symmetry which prevails in a large majority of cases denotes the influence which purely local inflammation has in locating the disease. In some cases it affects equally both legs, and in these it may be taken for granted that the constitutional predisposing cause is strong. Such cases prove the fact of hereditary diathesis. They are scarcely ever met with in England, but only in those climates where the disease is endemic, and in races or tribes who are peculiarly liable to it.

When the elephantoid process has once well set in I believe it is never wholly cured, and no better instance could be produced of the pathological advantages of possession. The worse the disease is the worse it is likely to become. It is emphatically a self-aggravating malady. The mere fact of its existence tends necessarily to its spread. Slowly but surely it undermines the health of its subject, impoverishing his blood, and mainly by the recurring attacks of erysipelas which attend it, enfeebling his tone. Constitutional treatment does but little, and local measures are the only chance of benefit.—*Jonathan Hutchinson, F.R.C.S., in Med. Press and Circular.*

Professor Billroth on the Practical Aspect of Koch's Discovery.—In a recent lecture to the Berlin Reichsgesundheitsamte, Prof. Billroth discussed some of the practical aspects of Koch's discovery. He pointed out how the accumulating knowledge of the coarser pathological relations of tubercle have led to the conviction that the discovery must shortly come, and he paid a tribute to the investigations of Villemin as having constituted the first and greatest step in the discovery—the step of demonstrating that tubercle is inoculable. This proved its dependence on a transferable virus, although we are only now able to eliminate the possibility that the virus might be of simply chemical nature. The various degrees of individual proclivity to suffer, observed

in man, render it very important to study the variations of proclivity which are observed in animals. As a rule it appears that the carnivora are less susceptible than the vegetable feeders (an unpleasant fact, by the way, for vegetarians). In the case of man the only safeguard is the normal unsuitability of the soil, apart from the existence of inherited fitness. But another reason why local tubercle often exists without general infection—why, for instance, scrofulous caries of a rib so often exists without a general infection—is due to mechanical conditions. At the periphery of such a tubercular focus, in a bone or a lymphatic gland, there is an induration which probably hinders the exit of the tubercular organism and its passage into the blood current. The necessity of a high temperature, such as that of the blood, for the growth of the organism probably lessens very much the extent of the disease in man, since, if the germs could develop out of the body, they would probably be ubiquitous.

While the discovery of Koch raises into even greater importance than before the inherited predisposition, it will probably lead to some modification of our views as to the influence of that predisposition. Cases may be due to infection which are now regarded as the result of inheritance only. A consumptive mother, for instance, may infect a child through a pocket handkerchief; moreover, the germs may be received by eating the flesh of infected animals. Certainly the conclusions are sufficiently probable to make it incumbent on us to treat consumption as in a measure an infectious disease.—*The Lancet.*

Typhoid Fever in China.—Fifteen years ago some of the older practitioners denied positively that typhoid fever was ever seen among foreigners in China. More accurate diagnosis now refers a large number of cases to typhoid which at an earlier date would have been classed somewhere under the heading of malarious affections. For my own part, after the collation of a very considerable number of cases extending over thirteen years, and in which all the phenomena accessible to direct observation are recorded, I have come to believe firmly that the remitting fever which lasts more than a week and does not yield to antiperiodics is typhoid. Some cases of remitting fever, which before being seen have been treated fruitlessly with quinine, yield when the drug is interrupted and its administration resumed after the action of an emetic or of a smart purge, or when it is combined with salines or with arsenic, or occasionally when, instead of giving it by the mouth, it is given as an enema. But when it is clear that antiperiodics are of no benefit, they are, I believe, hurtful, and the sooner they are abandoned the better. In these cases we have, I do not doubt, to deal with typhoid, although there may be neither delirium, nor diarrhea, nor eruption, nor tenderness in the ileocecal region. There is, however, generally more or less tympanites, and almost invariably a marked depression, for which the actual degree of fever is insufficient to account. In all these cases the time for quinine comes later. During the third week, when the morning temperature may be normal or subnormal, there is commonly a rise to 100° or 101° between 6 o'clock P.M. and midnight. One large daily dose of quinine is at this stage invaluable.—*Dr. Alexander Jamieson, in the Chinese Imperial Maritime Customs Medical Reports; Med. Times and Gazette.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

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No. 13.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

CONVALLARIA MAJALIS.

(Lily of the Valley.)*

This exquisite plant, indigenous in the high Alleghanies of Virginia and southward, and universally admired as a garden-flower, which Asa Gray, with a touch of true poetry, describes as a "low perennial herb, with slender running rootstocks, sending up from a scaly-sheathing bud two oblong leaves, with their long sheathing petioles enrolled one within the other, so as to appear like a stalk, and an angled scape bearing a one-sided raceme of pretty and sweet-scented, nodding flowers," has recently come prominently into notice as a medicine.

The plant had been used from time immemorial by the peasants of Russia as a remedy for dropsy, and, acting upon this popular suggestion, Troitzsky and Bojawlensky, in 1880, made it a matter of experiment in the treatment of certain heart-affections, obtaining good results, which were afterward confirmed by Professor Botkin, of St. Petersburg; but it attracted little or no attention from therapists until last July, when Prof. Germain Sée, of Paris, presented to the Academy of Medicine an alkaloid obtained from the plant, and detailed a series of experiments which seem to place beyond

*In preparing this article we have drawn our facts chiefly from a comprehensive paper on *Convallaria Majalis*, by E. P. Hurd, M.D., Newburyport, Mass. (Med. Record, September 9, 1882), who obtained the results of Prof. Sée's observations and experiments from the *Bulletin Général de Thérapeutique* for July 30, 1882. We have also made use of the Paris Correspondence of The Lancet of July 15th. The conclusions of Prof. Sée are quoted *verbatim* from Dr. Hurd's article.

doubt the value of *convallaria* as a remedial agent.

The alkaloid, *convallarine*, was isolated by Dr. Hardy, who has the honor of having given pilocarpin to the medical profession. The new principle, which is an amorphous, bitter glucoside, obtained from the flowers by treating their aqueous extract with alcohol and chloroform, is analogous to digitaline in its physiological action, and being without many of the inconveniences of the latter seems competent to relieve some of the phases of cardiac disease (particularly those which are characterized by enfeebled circulation and asystolism) in which *digitalis* is not infrequently given without effect. Although the active principle will probably be selected for general use, Prof. Sée has employed with good results in his practice, and with striking effect on animals, an aqueous extract of the leaves, of the flowers, and of the whole plant—root, leaves, and flowers. He finds a watery infusion of either the leaves or the flowers a good form for the practical exhibition of the plant. In experimenting on animals Prof. Sée finds that a drop of the extract of the flowers in contact with the naked heart of a frog arrests its action in systole in about two minutes. The same phenomenon is observed when the drug is introduced under the skin. In a dog four drops of the extract injected into a vein causes death in ten minutes by arrest of the heart. "The heart is first slowed and the respirations quickened, then the heart's action becomes irregular and the pulsations become faint and very rapid; the blood-pressure first augments and then is lowered, the respirations become slower and

slower; the heart's action ceases, pressure falling to zero, and the respiratory movements cease in their turn. The excito-motor power of the nerves and nerve-centers is unaffected. The excitability of the pneumogastric is weakened, not destroyed. No diuretic effects were observed in the dog;" but the writer states that the active principle produces marked diuresis in man.

Prof. Sée gives an analysis of twenty cases of cardiac disease in which he has tested clinically the power of the drug. Among these were five patients with mitral insufficiency, "characterized by want of rhythm, edema of the limbs, dyspnea, inability to ascend stairs, asystolism more or less pronounced." To these the extract of *convallaria majalis* was given in doses of from seven and one half to fifteen grains, with the following effects: The heart was made stronger and its beats more regular, the breathing improved, the kidneys passed off large quantities of water, and the edema disappeared. A case of mitral constriction was speedily relieved of edema and other symptoms, two cases of primary dilatation of the heart were treated successfully, and several cases of aortic insufficiency were relieved of the more distressing symptoms. "In three cases only of the twenty was the medicine given without success. One was complicated with lead-poisoning, another was too far advanced for any remedy to take effect; the third was a case of atheromatous disease of the heart, aorta, and arteries, with interstitial nephritis. There was even in this patient an amelioration for a few days."

Dr. Sée's conclusions are as follows:

1. The *convallaria majalis* constitutes one of the most important cardiac remedies which we possess.
2. In the form of the aqueous extract of the entire plant (which is a very convenient way of giving the medicine), administered in the dose of from one half gram to one and one half grams daily, the *convallaria* produces on the heart, blood-vessels, and respiratory organs effects constant and constantly favorable; to wit, slowing of the beatings of the heart, with often a restoration of the normal rhythm, and, on the other hand, augmentation of the energy of

the heart, also of the arterial pressure; in fine, the inspiratory force is increased, and the *besoin de respirer* is less injurious, less painful.

3. The effect the most powerful, the most constant, and the most useful is the abundant diuresis, which is above all things essential in the treatment of cardiac dropsies.

4. The therapeutic indications are summed up as follows: (a) In palpitations resulting from a state of exhaustion of the pneumogastric nerves (cardiac paresia), the most frequent source of palpitations. (b) In simple cardiac arrhythmia, with or without hypertrophy of the heart, with or without lesions of the orifices or valves of the heart. (c) In mitral constriction, especially when it is accompanied with failure of compensation on the part of the left auricle and right ventricle; the contractile force augments visibly under the *convallaria*, as the sphygmograph testifies. (d) In mitral insufficiency, especially when there are pulmonary congestions, and when, as a consequence, there is dyspnea with or without nervous trouble of the respiration. (e) In Corrigan's disease the peripheral arterial pulsations disappear, and respiration becomes markedly restored. In dilatation of the left ventricle without compensatory hypertrophy it restores energy to the heart, which otherwise tends to become more and more feeble and dilated. (f) In dilatations of the heart with or without hypertrophy, with or without fatty degeneration, with or without sclerosis of the muscular tissue, the indications of the *convallaria majalis* are clear. (g) In all cardiac affections indifferently, from the moment that watery infiltrations appear, the *convallaria* has an action evident, prompt, and certain. (h) In lesions with dyspnea the effect is less marked. To combat cardiac dyspnea *convallaria* is inferior to morphia and especially to iodine, but morphia suppresses the urine, and the preparations of iodine are every way preferable. The combination of *convallaria majalis* with iodide of potassium in the treatment of cardiac asthma constitutes one of the most useful methods of treatment. Finally, in cardiopathies with dropsy the *convallaria* surpasses all other remedies. One is often obliged to suspend the employment of digitalis on account of vomiting, digestive disturbances, cerebral excitation, the dilatation of the pupil which it so often produces after a prolonged use of this medicament, etc.

The final action of digitalis is exhaustion of the heart, increase with enfeeblement of the heart's pulsations—just the opposite effects from what we seek when we give the drug.

Convallaria majalis has no deleterious effects on the economy, and has no cumulative action.

Dr. E. P. Hurd, of Newburyport, Mass. (see note, first page of this article), "states that certain eclectic practitioners in this country

have for years prescribed the lily of the valley in cardiac dropsy," while Messrs. Park, Davis & Co., of Detroit, Mich., have for some time advertised the cardio-tonic virtues of the plant in terms almost identical with those employed by the distinguished French professor. The writer states that he has recently employed a liquid extract of lily of the valley manufactured by this house in two cases of cardiac disease with satisfactory results. Reports of these cases are given in detail. One was in a patient suffering from Corrigan's disease—partly compensated; the other a case of aortic and mitral insufficiency, with enormous dilatation and marked asystolism. The first case was wonderfully improved after taking the drug but a few days. The other improved somewhat in symptoms, the patient being rendered more comfortable through the action of the medicine; but of course no permanent good effects of treatment could be hoped for in a case presenting such extensive organic disease.

From the foregoing we are led to believe that by the introduction of convallaria our materia medica is enriched by a drug of great therapeutic value; while this elegant little plant, whose tiny clustering bells and scented breath have so often ministered to the esthetic needs of man, will awaken still finer emotions in the heart of him who loves the beautiful since it has been made to take rank among the substantial benefactors of mankind through the divine art of medicine.

MISCELLANY.

VALUE OF THE TERM FUNCTIONAL NEURATROPHIA.—In the NEWS of August 26th we noticed an article on the Essential Psychic Signs of General Functional Neurasthenia, or Neurasthenia, by C. H. Hughes, M. D., of St. Louis. In this it will be remembered that the author preferred the term neurasthenia to neurasthenia in describing this form of nervous exhaustion. An objection to the new term by the Virginia Med. Monthly calls forth the following supplementary note from Dr. Hughes, which

will be read with interest. It is copied from the journal above named:

The term neurasthenia is the expression of a functional condition only. Nervous exhaustion may be, and often is, muscular exhaustion. It may be secondary to, and often is, the sequence of physical diseases of various kinds, needless to enumerate. But what is meant, but not expressed, by neurasthenia by Dr. Geo. M. Beard, who has given more emphasis to the term than any one else by what he has written on the subject, is exhaustion of the nervous system pure and simple without the accompanying gravity of structural lesion, which entitles the condition to be classified with other diseases of the nervous system, such as tabes, paralysis, etc.

Neurasthenia is a functional exhaustion of the nervous system generally, without appreciable structural change and without other disease of the system causing it. *It is a pure neurasthenia, with neurasthenia as its functional expression.* The atonic condition of the nervous system in neurasthenia is due to its failure to appropriate from the blood the materials for its daily reconstruction up to the normal measure of functional activity, and the term I have proposed finds its justification in this fact, and should be preferred. It is not intended to supplant neurasthenia as an expression of the symptomatic condition indicated by "nervous exhaustion," but to supplement and explain its pathological basis, and as such, we think, upon reflection and criticism, it will find and keep an appropriate place in medical nomenclature. The use of the term neurasthenia, and close adherence to its significance as the basis of neurasthenia, which it undoubtedly is, would have materially aided Dr. Beard in more correctly circumscribing the symptomatology of neurasthenia.

Dr. Beard has done the profession a service in fastening medical attention on those important conditions of the system in which no local lesion in any organ or in the blood necessarily exists, and in which no structural change in the nervous system is discernible; but the fact was observed before him, and the term was used before him, and in similar but less extended significance. We think Dr. Beard has extended the meaning of the term too far in his symptomatology, and been needlessly voluminous and "numerous" in his symptomatic nosology.

The terms we have added in our paper—*thanatophobia, necrophobia, necropolophobia, etc.*—express mental states as real among

neuratrophics as the phobias described by Esquirol, Beard, and intermediate writers. But, after all, if symptoms exist they may as well be named, and they will be named by others if we do not name them ourself. The name of the psychic signs of neuratrophia, however, might be legion to an expert philologist. The one symptom, of all others most prominent and prevalent, underlying them all is *the timidity not natural to the individual*. This is the sign of neurasthenia, and pure *neurasthenia* is the sign of *neuratrophia*.

THE LATE DR. R. O. COWLING.—The British Medical Journal of August 26th, in noticing Dr. D. W. Yandell's able and eloquent discourse upon the life and character of Dr. Richard O. Cowling, pays the following graceful tribute to the memory of the lamented young editor and surgeon:

Dr. David W. Yandell, whose visits to London in recent years have done much to strengthen the bonds of union, sympathy, and mutual respect between the medical profession in this country and in America, delivered, in February last, the valedictory address of the session in the University of Louisville, Ky., in which he is Professor of Surgery. Choosing as his subject the life of Dr. Richard Oswald Cowling, a distinguished teacher in that institution, who was carried off twelve months ago by acute rheumatism, at the age of forty-two years, in a career of much promise and considerable achievement. Dr. Yandell made it evident that Dr. Cowling was an able surgeon, with high, unselfish aims, and a man of truly gentle and generous nature; and that he possessed a sense of humor, combined with moral courage and literary skill, that well fitted him to play a really useful part in the United States in the *rôle* which he had taken up as censor of medical frauds and impositions. In the LOUISVILLE MEDICAL NEWS, which he started and edited with strong logic, unflagging intrepidity, and unflinching good taste, he assailed certain medical institutions that were unworthy of the support of honest men, and succeeded in stamping out more than one of them. . . .

All that Dr. Yandell tells us about Dr. Cowling deepens our regret that so gifted a man was not longer spared to shatter shams and expose abuses, while at the same time he labored zealously at professional work.

PROF. MOLESCOTT, of Rome, recommends the use of iodoform in diabetes.

CHOLERA.—Numerous rumors to the effect that cholera has made its appearance in several large European cities have of late been afloat; but upon investigation they have proved to be but sporadic cases of unusual severity. Similar cases have recently been reported from Michigan and Newport, R. I. In commenting on the possibilities of an epidemic of this disease the Medical News says: "The only specific advices which affect us in the United States are from Yokohama, Japan, where the disease has been existing in an aggravated form since April 28th of this year. For the two weeks ending August 10th there were 616 new cases and 345 deaths, making, since the commencement of the epidemic, a total of 2,193 cases and 1,362 deaths. A few cases have occurred among the British sailors who have had liberty on shore, but with this exception the disease is confined to the native population. At Tokio and Osaka the epidemic is equally virulent. Hitherto cholera has reached us from Europe, but the possibility of an attack on the other flank should be borne in mind by our California brethren."

DR. CHIÉNE has been appointed Professor of Surgery in the Edinburgh University, in place of the late Professor Spence. The appointment is received with much criticism. It is thought in some quarters that the best man was not selected. These adverse comments probably come from surgeons who failed to secure their own or some favorite's appointment to the place. Dr. Chiéne is highly spoken of by writers in the medical journals of Great Britain, and we are informed by an eminent surgeon of this locality, who knows him personally, that as a surgeon and a lecturer he is without a superior in Edinburgh.

BENJAMIN F. GIBBS, M.D., Surgeon U. S. Navy, and Medical Inspector on board the U. S. steamer Lancaster, died at Trieste on Saturday, September 9th. Surgeon Gibbs was a native of New Jersey, from which State he was appointed Assistant Surgeon in 1858. His commission as Medical Inspector dated from March 17, 1876.

THE UNION MEDICAL ASSOCIATION, composed of physicians of Pennsylvania and Maryland, held its fifth annual meeting in Wild Cat, Lancaster County, August 31st. An address was delivered by Dr. Stump Forwood, its president.

AN EPIDEMIC OF TYPHOID FEVER.—The British Med. Journal of August 26th states that an epidemic of typhoid fever prevails at Bangor, Eng., and that up to the 14th of August no less than one hundred and forty-one cases had occurred, eight of which terminated fatally.

A medical officer of the local government board and the health officer of the city have traced the cause of the fever to a polluted water-supply, and affirm that the subsequent spread of the disease was due to defective drainage arrangements. The town is supplied with river water which is passed through large filter-beds at the reservoirs. The health-officer states that these beds are infected with the germs of typhoid, and for this reason he has twice condemned them. He gives it as his opinion that it would be better for the health of the inhabitants to let the water flow directly from the reservoirs into the mains.

This is an important observation, since, if it be true, the large filters attached to the supply reservoirs of cities may, by forming a nidus for the germs of infectious diseases, favor the very conditions which their use is intended to forestall.

A CASE of pregnancy at forty-nine (a primipara), one a "maiden" of fifty, and a third at sixty-two, were reported at a recent meeting of the Obstetrical Society of Edinburgh.—*New England Med. Monthly.*

PROF. JOS. DECAISNE, the celebrated botanist, died in Paris a few weeks ago at the age of seventy-six years. He was a pupil of Jussien.

PARALYSIS AFTER THE EXTRACTION OF A TOOTH.—F. H. Balkwill, D.D., of Plymouth, extracted, a short time ago, a lower molar tooth for a young man. After the extraction the patient complained of numbness of the skin over the chin. Later this sensation changed to one of pricking needles. The anesthesia reached from the median line of the lower lip and the chin to a little over the region of the foramen mentale. About a month later normal sensation returned. The extracted tooth exhibited, on the lingual side of the posterior root near the point, a transverse fossa, which had undoubtedly been made for the passage of the inferior dental nerve. During the extraction the nerve received, evidently, a severe concussion, or was partially torn; hence the anesthesia.—*Med. and Surg. Reporter.*

IS VICHY WATER A LUXURY?—According to the London Chemist and Druggist the Vichy Waters Company and the authorities of the city of Marseilles have had a curious difference. The latter had such a high opinion of the delightfulness of Vichy water as a beverage that they classed it as a luxury, and claimed an octroi duty of five francs per hectoliter. The company, on the other hand, repudiated the flattering suggestion, and declared that their products had no other than medicinal attractions. Their counsel before the court read a letter from Madame de Sevingé, who said Vichy water was very nasty and made her sick. The judges did not venture to taste the waters for themselves, but found for the Vichy Company, and ordered the city to disgorge the duty they had illegally charged.—*Boston Jour. of Chem.*

DR. FORDYCE BARKER advocates greater frequency of this now nearly obsolete measure. He is convinced that in certain cases it is essential to bleed the patient, and that life may be saved thereby.—*Med. Record.*

DR. JOHN F. GRAY, the first physician in the country who was converted to homeopathy, died, on June 5th, at the Fifth Avenue Hotel, New York.

BEARDED INFANT.—The *Tiempo*, of Valencia, notes the birth of an infant with a well-developed beard and a full set of teeth.

"I WOULD N'T be in Egypt," said Mrs. McGill, last week, "for all the wealth of Creasote." Seeing a look of astonishment in the faces of her auditors, she added, "Creasote, you know, was an old Roman god, and every thing he touched turned into gold."

OF the two hundred members of the American Academy of Medicine, one hundred and ninety-one reside in the East.

DIPHTHERIA is reported as prevailing in a malignant form in some localities in western Pennsylvania and West Virginia.

DR. J. MARION SIMS has entirely regained his health, and will soon return from abroad and resume his practice.

PROF. DESOR, the celebrated naturalist, died at Neuenburg, in his seventy-second year.

Original.

ACUTE EMPYEMA IN WHICH PNEUMONIA DEVELOPED IN THE SOUND LUNG DURING CONVALESCENCE.*

BY DOUGLAS MORTON, M.D.,

Visiting Surgeon to the Women's Department of Louisville City Hospital.

The subject of this report is a young lady, about twenty-two years old, who had never been sick before this occasion. She was a patient of Dr. S. N. Marshall, of Jefferson-town, with whom and with Dr. Owens, of the same place, I saw her first on May 27th. Dr. M. had made a diagnosis of pleural effusion on the right side. The great dyspnea present and the unusual degree of bulging of the chest-wall gave evidence of a large accumulation of fluid. This condition had supervened a simultaneous attack of measles and pleuro-pneumonia, from which she began to suffer in the latter part of April. During a few days before my visit the quantity of fluid had appeared to increase rapidly. Aspiration was done in the seventh intercostal space at its intersection with a line extending perpendicularly from the inferior angle of the scapula. Between sixty and seventy ounces of pus were removed. After withdrawing the needle an incision was made at the same point, and through this a soft rubber drainage-tube carried. (I mention, passing, that as the patient was in an extremely feeble condition we thought it important to cause as little pain as possible, and produced local anesthesia by the application of a mixture of pounded ice and salt. This is the first time I have tried this measure in connection with aspiration for any purpose, and it did so well that I shall always resort to it in future.) The cavity was afterward freely washed out every six hours with a two-per-cent aqueous solution of compound tincture of iodine alternated with a two-per-cent solution of chloral hydrate. In order to facilitate the discharge of pus the tube was introduced from time to time as far as possible, in different directions, so that its end might dip under the surface of any collection of pus that might have formed, and the injected fluid thoroughly intermingled.

After a few days Dr. Marshall made an improvement in the drainage-tube, which constituted the best arrangement for the

purpose I have ever seen. He attached to it a leather disk by passing it through a hole made in the center of the latter, which fitted closely enough to prevent slipping either way. Between this disk and the skin a layer of cotton wool was placed. This was held fast to the body by a bandage through an opening in which the external end of the tube projected.

For ten days our patient made satisfactory progress. As might have been expected from the short time the fluid was allowed to remain in the cavity, the resiliency of the chest-wall and the pulmonary tissues were but slightly affected, and there was a tendency to a speedy return to their normal state. On the tenth day a chill occurred, followed by acute pleuritic pain in the left side. I saw her thirty-six hours after the chill, and found her condition very unpromising. She wore an anxious expression; her temperature was 104°, her pulse 125, and her respiration extremely rapid and labored. Over a considerable area of the base of the left lung posteriorly crepitant râles could be heard. She was immediately put upon quinine and carbonate of ammonia, five grains of the former and ten of the latter every four hours. The tube was withdrawn from the cavity in the other side and the wound closed, which could be readily done, as it had been made obliquely through the tissues, and its upper lip could be pressed down like a valve. This last measure was resorted to because, as the patient seemed to be in danger of asphyxia, it was highly important to get all the respiratory area possible, and we hoped by this means to augment the intrapulmonary air-pressure in the right lung, and thus increase its expansion. We hoped this would be all the more feasible under the violent inspiratory efforts of the patient. It is obvious enough that as long as the wound, which admitted nearly as much air into the pleural cavity as passed through the trachea, continued patent, little expansion of the lung was possible. Even if the air pent up in the cavity were not absorbed, this measure would be likely to prove effectual, provided the wound was not closed immediately after inspiration.

Fortunately the pneumonic symptoms soon passed away, and the patient, put back upon her former treatment, resumed her progress toward recovery. One month after the operation the discharge of pus had ceased, the wound closed, and the patient was up and rapidly gaining strength.

LOUISVILLE.

* Read before the Louisville Medico-Chirurgical Society, July 21, 1882.

THE EMPLOYMENT OF VESICANTS IN DISEASES OF CHILDREN.*

Abstract of a Lecture.

BY DR. ARCHAMBAULT.

Vesicants are very useful in the treatment of infantile diseases, and, I am assured, not as often nor as carefully employed as they merit. Most physicians seem to forget that there is considerable difference in the nature of an adult and that of a young infant. To produce the proper effect in an adult a vesicant should remain in place from seven to twelve hours, more or less, according to the region. It is quite different with an infant. During the first year a vesicant should not be allowed to remain longer than an hour or an hour and a half. If a blister has not formed at the end of that time, it will suffice to apply a warm, moist poultice to the part. In children five years old, or therabouts, three to five hours are required to produce vesication.

I have had frequent occasions to examine the skin of infants microscopically, where no precaution had been taken to prevent the vesicatory from acting too profoundly, and have found that the cantharides penetrated the whole thickness of the skin, destroying or materially altering it throughout the greater portion of its thickness. We are then astonished that this burn of the third degree does not heal more rapidly, and search for the cause in the poor condition of the patient's health, or attribute it to some other extraneous cause.

An important precaution urged by Bretonneau, and never to be neglected, is to cover the vesicatory with a sheet of oiled silk paper. This prevents the too rapid action of the cantharidine, and also prevents the adherence of particles of plaster to the skin.

It is unnecessary to employ large plasters. Those usually employed are much too large. Very small vesicatories will suffice for infants.

The vital condition of the infant is to be taken into account when prescribing blisters. Do not advise them for pale, thin, badly-nourished infants. In such infants it creates an irritation of the whole nervous system that is often pernicious in its results. Of course you will not apply a vesicant when there is any contagious disease (scarlatina, diphtheria, etc.) in the family.

The indications and counter-indications

for the use of vesicants are to be found in the character of the maladies to be treated. they do not differ materially from their application in the adult; however, the extreme tenderness of the skin in many infants requires great caution in the employment of cantharides. Properly and carefully applied, vesicants are of inestimable service in the treatment of most acute inflammatory troubles in children.

Correspondence.

Editors Louisville Medical News:

In your very interesting journal of January 14, 1882, I noticed an extract from the British Med. Journal, "An Ear of Corn discharged through the Chest," reported by Samuel Wilks before the London Pathological Society.

This reminds me of a case that came under my notice some years ago, and reported by me and published in the *Gazette des Hôpitaux*, in Paris, while in that city in 1854. The patient was a young man from the State of Maine, who was advised by his physician to visit the South for the purpose of prolonging his life, as his case was considered hopeless and pronounced to be phthisis pulmonalis. During his stay in our town he frequently called at my office for palliatives for his cough, etc. He never consulted me particularly about his case, consequently I did not make a very careful examination of his chest or lungs; but from all the physical signs—such as cough, hemorrhages, night-sweats, hectic fever, emaciation, etc.—I concluded he was in the last stages of consumption.

I was called one evening to see him, as his friend supposed he was *bleeding to death*, and found him reclining in his chair, having during a severe paroxysm of coughing expelled a *cocklebur* (*Xanthium stramonium*), attended with considerable hemorrhage. His convalescence dated from that day, and his restoration to perfect health was rapid and uninterrupted.

The young man stated that two or three years previously he swallowed (as he supposed) a cocklebur, which at the time produced only a slight irritation and cough, which continued for a month or two, when the cough became very troublesome, attended occasionally with hemorrhage, and finally assumed all the characteristics of consumption as presented to me. The cocklebur

* Translated for the NEWS, from *Le Progrès Médical*, by L. S. Oppenheimer, M.D., Seymour, Ind.

most undoubtedly had been lodged in the bifurcation of the trachea. Might not many cases of supposed phthisis pulmonalis be caused by foreign bodies being lodged in the bronchi or at the bifurcation of the trachea?

J. S. MENG, M.D.

VIDALIA, LA.

Reviews.

Transactions of the American Gynecological Society. VOLUME VI, FOR THE YEAR 1881. JAS. R. CHADWICK, M.D., Boston, Mass., Secretary. Philadelphia: Henry C. Lea's Sons & Co. 1882.

Volume VI of the Transactions is in every sense of the word a substantial work, and one which attests the high standard of gynecology in America. A few pages only are devoted to the business of the Society, while the body of the volume is made up of nineteen masterly papers, with accompanying discussions. The work closes with a full index of the gynecological and obstetrical literature of all countries for the year 1880. The articles are for the most part by men well known as authors and teachers in this department of medicine, who have by their researches, inventions, and discoveries won the respect and admiration not only of American physicians but of the profession of the Old World, winning from the latter the graceful acknowledgement that the American gynecologists are not only their peers but in many things their instructors. Any thing like a fitting comment upon these papers would require a long article; we shall therefore notice but a few of them.

The address of Dr. W. H. Byford, the president, occupies the first place. The most noticeable feature of this address is a grateful tribute to Kentucky's great surgeon, the father of ovariectomy, and the suggestion of a plan which the president hopes will eventuate in perpetuating the name of Ephraim McDowell in connection with the literature of ovariectomy on a lasting foundation.

Dr. Garrigue's paper upon Exploratory Puncture of the Abdomen is based upon a careful examination of ninety-four cases. The author believes that the Drysdale corpuscles are but the nuclei of disintegrated epithelium which have undergone fatty degeneration. He says that these bodies are not only not pathognomonic of ovarian cyst, but they do not even prove that they have been taken from any kind of cyst. He

contends that there is no *pathognomonic, morphological element* in the fluid of ovarian cysts. Of the elements found, columnar epithelial cells seen in side view are the most important, but their presence shows only that the fluid comes from a tumor which may be situated in the ovary, the broad ligament, or the Fallopian tube. While he believes that by a mere examination of the fluid he is often able to distinguish an ovarian fluid from any other, he would not advise any body to undertake a dangerous operation when the diagnosis is based only on the character of this fluid.

Dr. Bozeman's paper is a very learned and elaborate discussion of Genital Renovation by Kolpostenotomy and Kolpoecpeta-sis in Urinary and Fecal Fistules. Dr. Bozeman's ability as an operator is well and widely known, but under the fear that some of our readers—especially the younger members of the profession who may contemplate making gynecology a specialty—may not be fully alive to the technical beauties of the science, and may be ignorant of Dr. Bozeman's peculiar fitness for work in this department, we give "a sample from the vasty version of his new method to perplex the sages." Let the candidate for gynecological orders try his jaws on some of these: Hystercystokleisis, kolpocystokleisis, kolpourethrokleisis, kolpourethrocystokleisis, hysteropectokleisis, kolpoproctokleisis, episiolethrokleisis, episiolethrocystokleisis, episiolethrocystokleisis, and so *ad infinitum*; but let us cry halt. *Καὶ γὰρ καὶ μέλιτος τὸ πλέον ἐστὶ χολὴ.** In the days of Lady Jane Grey this sort of writing, distributed among the softer sex, might have brought cent per cent returns to the surgeon; but where is the woman of the nineteenth century who would not, after being asked to choose between death and some one of the above horrible procedures, resign hope, decline the operation, send for her spiritual adviser, accept absolution, and take her flight for heaven? If there is any excuse for this sort of verbiage other than a desire, by those who employ it, to outdo the modern neurologist, it will not be evident to any soul outside the learned circle of the A. G. S.

Dr. Thomas's paper considers one of the most perplexing complications of ovariectomy, namely, expansion of the bladder

* We dare not translate this quotation, lest we should offend our readers by imputing to them an ignorance of Greek. If there should chance to be among them any doctor who lacks the essential prerequisite of the gynecologist, we will say for his relief that he can find the sense of this maxim in his Bible—Proverbs of Solomon, chapter xxv, 16th verse.

over the surface of abdominal tumors and its adhesion to them or to the abdominal walls. Dr. Thomas, in a somewhat apologetic manner, presents his paper with the statement that notwithstanding the careful study and prolonged investigation given to the subject of laparotomy, the surgeon, who may at any time be brought face to face with this complication, can find no description of it, or directions as to the best method of managing it, in any of the surgical treatises extant. This grievance no longer maintains, since by the preparation and publication of his paper the author himself fills up this hiatus in the literature of operative gynecology. In this discussion the author has no reference "to mere attachment of the bladder to tumors and intestines (as the intestines, stomach, the liver, and other viscera) which are attached to them by false membranes." While this condition is in itself a grave complication of laparotomy, it is far less serious and perplexing than that which consists in an apron-like spread of the bladder, trebled or quadrupled in size, over the whole anterior surface of the tumor.

The author gives an analysis of eight cases illustrative of this complication. A powerful argument for the necessity of accurate and authoritative teaching on this subject may be found in the fact that, though seven of these cases were in the hands of eminent surgeons, each had a fatal termination. The eighth case, occurring in Dr. Thomas's own practice, made a good recovery, notwithstanding the fact that the bladder was cut into in the course of the operation. The details of this operation bear striking testimony to Dr. Thomas's acuteness of observation, presence of mind under trying circumstances, readiness of invention in devising means of escape from unexpected difficulties, and wonderful operative skill.

Dr. Jenks's paper on the Practice of Gynecology in Ancient Times is scholarly, and well displays the author's fondness for the musty tomes of the fathers. The quaint illustration facing the first page of his article and giving an allegorical representation of the tree of knowledge of good and evil with those two ancient sinners, in primitive attire, whose conduct upon that occasion has caused so much trouble in the world, would hardly do for exhibition in a popular panorama. In fact, it savors so strongly of a certain theological bias, well represented in Kentucky, that we suspect the author of a

Shakeristical leaning. Is he in the habit of spending his summer vacations in the vicinity of High Bridge?

The publishers, in the execution of the work, have attained the ideal of the printing art; of course nothing short of this would have met the demands of the classic taste and fine perceptions of the most esthetic body of M.D.s in the world.

Translations.

[For the NEWS, by L. S. OPPENHEIMER, M.D.]

LILY OF THE VALLEY A POWERFUL CARDIAC REMEDY.—Dr. George Sée communicates to the French Academy of Medicine some interesting observations made with the aqueous extract of the whole lily-of-the-valley plant (*convallaria*). He names the alcoholic extract "convallarine." Convallarine is a powerful heart-tonic and diuretic—more powerful, says Dr. Sée, than digitalis. Besides experimenting upon the hearts of frogs, he has carefully made twenty clinical observations. In three cases of advanced cardiac disease no good was effected; in the seventeen others marked changes were apparent. These seventeen consisted of five cases of mitral insufficiency, two cases of mitral constriction, two cases of dilatation of the heart, one of hypertrophy, one of chronic pericarditis, one Corrigan's disease, one simple anemia, one "diabetic," three "albuminurics."

Convallarine does not disturb the functions of the alimentary canal, regulates and slows the cardiac pulsations by virtue of its stimulation of the pneumogastric. Intra-arterial pressure is greatly increased, as is the force of the cardiac muscle.—*Le Progrès Médical*.

THE *Gazette des Eaux* contains the following account of the American "manufacture" of sardines: It has just been discovered that there exists in America a great number of institutions for the especial purpose of putting "false sardines" on the market. In the vicinity of Washington there are twenty-two of these, where common herrings are put up in tin boxes and sold for sardines. The heads and tails are first cut off. They are then arranged in the boxes with French labels on them. The oil which covers them, guaranteed as pure oil of olives of superfine quality, is nothing more nor less than cot-

ton-seed oil. The rejected parts of the herrings are boiled and pressed, and the oil sold as pure cod-liver oil.—*Ibid.*

At a late meeting of the French Academy Dr. Bouley presented a series of resolutions, which were adopted, declaring that the presence of trichinæ in American pork was very rarely demonstrated, and that the danger of eating such pork is easily obviated by thorough cooking, that American meats were of the best, that therefore the threatened prohibition of such meats was undesirable and unnecessary.—*Ibid.*

HYDROPHOBIA TREATED BY PILOCARPIN.—Dr. Denis-Dumont reports a case successfully treated by the hypodermic use of nitrate of pilocarpin.—*Ibid.*

Books and Pamphlets.

NINTH ANNUAL REPORT OF THE SECRETARY OF THE STATE BOARD OF HEALTH OF THE STATE OF MICHIGAN, for the Fiscal Year ending September 30, 1881. Lansing. 1882.

EXPLORATORY PUNCTURE OF A VOMICA IN THE LUNG. By F. Peyre Porcher, M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine, Medical College of South Carolina. Reprint.

A REPLY TO DR. FOSTER PRATT'S PAPER UPON THE "LEGAL RESPONSIBILITY OF SURGEONS FOR UNUNITED FRACTURES." Read before the Michigan State Medical Society at its annual meeting in May, 1882. By Donald Maclean, M.D. Reprint.

THE ANTISEPTIC TREATMENT OF WOUNDS AFTER OPERATIONS AND INJURIES. By W. T. Briggs, M.D., Professor of Surgery, Medical Department of University of Nashville and Vanderbilt University. Read before the American Surgical Association at Philadelphia. Reprint. June 1, 1882.

SWISS FAMILY ROBINSON (Illustrated). Springfield, Ohio: Farm and Fireside Company. Price 25 cents.

This charming book, and ten other classic works of fiction are brought out in good style, and may be had at twenty-five cents a copy.

THE PHYSICIAN HIMSELF.—The first edition of this very entertaining book, though a large one, is already exhausted; but we are glad to learn that a new edition, revised, rearranged, divided into chapters, and otherwise improved, is now in press, and will be issued in about a month. The wide popularity of this book is no more than might have been expected, and we are glad to know that the author is receiving just reward for the substantial service he has rendered to his brethren in medicine by writing it.

Formulary.

DEFICIENT KIDNEY-ACTION IN ECZEMA.

Dr. L. Duncan Bulkley (New York Med. Record) states that deficient kidney-action is a common symptom of eczema of the anus and genitals. In this disease the urine is seldom that of health. The most varied conditions may be reported, but a most common one is a copious deposit of amorphous urates. Frequent and imperative micturition is not at all uncommon, and the repeated calls to urinate at night and the itching will often act and react upon each other, rendering sleep almost impossible. For this condition Dr. B. recommends:

R Potass. acetatis..... ʒj;
Tinct. nucis vomicæ..... ʒij;
Infus. quassia..... ʒiv.

M. Teaspoonful after eating, in water.

This is often continued during the entire course of treatment. A large amount of oxalate of lime is sometimes found in the urine of eczematous patients. The oxaluria may be quickly relieved by strong nitric acid, internally, in doses of about two drops taken after each meal.

APHONIA OF SINGERS AND SPEAKERS.

For this affection Dr. Corson recommends the patient to put a small piece of borax (two or three grains) into the mouth, and let it dissolve slowly. An abundant secretion of saliva follows. Speakers and singers about to make an unusual effort should the night before take a glass of sugared water containing two drams of potassium nitrate (saltpeter) in order to induce free perspiration. In similar circumstances this gargle may also be used:

Barley-water..... ʒvj;
Alum..... ʒi-ij;
Honey..... ʒss.

Mix, and use as a gargle.

Or, again, an infusion of jaborandi, made by putting two scruples of the leaves into a small cup of boiling water, may be drunk in the morning before getting up. The free sweating is said very quickly to restore the strength of the voice.—*Revue Med.; Lond. Pract.*

FOR CARDIAC DYSPNEA.

Prof. Germain Sée recommends the following for cases of dyspnea due to cardiac disease:

Pot. iod..... 1-2.00 Gm.;
Chloral hydrat..... 2-4.00 Gm.;
Mucilag. acac..... 120.00 Gm.

A teaspoonful every two hours. An opiate may be substituted for the chloral. Inhalations of iodide of ethyl are sometimes as beneficial as in asthma.—*Translated from Le Progrès Méd. by L. S. O., M.D.*

SLEEPLESSNESS OF HYPOCHONDRIA AND HYSTERIA.

R Asafetida..... ʒj;
Morphia sulph..... gr. iij.

M. Ft. pil. xxx. Sig. One or two at bed-hour.

—*Medical Gazette.*

BORO-GLYCERIDE is an efficient antiseptic. As a disinfectant it is almost *nil*.

Selections.

The Removal of Scars and Cicatrices.—The Journal of Pharmacy furnishes from good sources the following hints on this topic:

The cicatrices, scars, or marks left by various diseases, burns, or wounds of divers kinds, are often less obstinately permanent than is generally supposed; and from some facts which have lately come under our notice, we are inclined to think that their prevention or removal in many cases may be accomplished by some mild but effectual antiseptic.

Among the exemplifications of the efficacy of the formula we are enabled to lay before our readers is the case of a gentleman of our acquaintance whose face was so severely burned by the violent spurting of a quantity of melted lead (owing to a workman having incautiously dropped a wet pipe into it) that his eyes were saved from utter destruction only by pebble spectacles. At first, of course, carron oil was the sole application; and as for weeks afterward particles of the granulated metal had literally to be dug out of the flesh, a deeply-scarred countenance was naturally predicted by all, except the patient himself. One mark, of almost imperceptible character, alone remained after the expiration of six months, owing, as our friend says, to the whole face being bathed two or three times a day, as soon as the oil treatment could be discontinued, with a lotion of the simplest character, as is readily seen by glancing at its constituents.

Lint soaked in the same solution, and allowed to remain on some little time, will frequently mitigate the visible results of smallpox, and we have known one case of ringworm treated in this way to leave no scar whatever; while a sister of the latter patient, who had had the same disease in a less degree, but had not employed this lotion, still retains the evidences of the fact. The following is a convenient formula for a wash: Borax, $\frac{1}{2}$ ounce; salicylic acid, 12 grains; glycerin, 3 drams; rose-water, 6 ounces. —*Boston Four. of Chem.*

A New Ptoisis Operation.—The insufficiency of operations hitherto proposed for the relief of complete or nearly complete ptoisis, with little or no power in the levator, is well known. Pagenstecher has devised an operation which depends for its effect on bringing the frontalis to act directly on the upper lid, and thus substituting the action of this muscle for that of the levator. This is accomplished by producing a superficial vertical cicatrix connecting the frontalis with the edge of the lid. A needle is entered about a finger's breadth above the supraorbital ridge and carried downward beneath the skin to emerge at the level of the lashes; a thread is drawn through and the ends tied together without much dragging. Each day the thread is pulled on till it finally cuts its way out. The reaction is very moderate; the disfigurement caused by the scar is very little, and much more than made up for by the improvement in appearance obtained from relief of the ptoisis. Pagenstecher has found one suture suffice in the cases operated on, but suggests that two may sometimes be necessary. For incomplete ptoisis a modified form of procedure is advised. A thread armed with two needles is used. One needle is passed under the skin of the lid, parallel to and near the lashes, for a distance of one or two millimeters,

drawn through, reëntered at the point of exit, and carried upward beneath the skin to a finger's breadth above the supraorbital ridge. The other needle is then carried from the point where the first needle entered, also upward, to emerge at the same place as the first above the brow. The two ends of the thread are drawn moderately tight and fastened. The loop thus formed may be removed after a longer or shorter time, or allowed to cut itself through, according to the indications of the individual case, and in this way a wholly subcutaneous cicatricial cord is produced. Care should be taken not to sink the needles so deeply above the brow as to wound the periosteum, lest a connection between the skin and periosteum might occur and prevent movement of the vertical cord.—*Archiv für Augenheilk; Lond. Pract.*

The Treatment of Fresh Wounds.—Dr. John Duncan draws the following deductions from his observations:

1. That when we succeed in preventing sepsis at the operation, we can by this method rely on singularly simple and favorable progress, with total absence of fever, with freedom from pain, and with great rapidity of healing. It is proper to be exceedingly careful in the arrestment of hemorrhage; but even did a little reactionary oozing occur, it is only necessary to renew the dressing once, or, as he did in some of these cases, to put on an additional layer of wool.
2. That, should sepsis lead to inflammatory action, it is necessary temporarily to abandon the dressing.
3. That even in the septic cases it is often advantageous to continue it throughout if there be no inflammation, or recur to it when inflammation has subsided; in that it is a good excipient for discharge, because it tends to diminish the amount of pus, and because it aids in keeping the part at rest.
4. That in fresh wounds so situated that they can be firmly and equably compressed the introduction of materials to secure drainage is usually unnecessary; and that, if the drainage-tubes be introduced, they should be removed in twenty-four hours.
5. That sepsis is less apt to occur by this method, as it avoids the risks which attend changes of dressing and movements of drainage-tubes, which, in my experience, are more fruitful sources of failure than even the original operation.—*Edinburgh Med. Jour.*

Tuberculosis.—Dr. Kammerer, Imperial Health Officer to the city of Vienna, has published an important address to the magistrates of that city on the dangers which threaten the health and life of the population, through animals affected with tuberculosis. The victims are insidiously struck down, says Dr. Kammerer, through two of the most important articles of daily diet—milk and meat. The milk of cows with tuberculosis acts as an unconscious inoculation upon adults and children who partake of it, and in the case of the latter the seed of tuberculosis is being imperceptibly sown among thousands in the great towns. Dr. Kammerer regards infection by this channel as being quite as fruitful a source of the disease among the young as hereditary taint, to which it is usually traced. He regards it as exceedingly doubtful whether boiling or roasting ever can effectually eradicate the germs of infection in the flesh of tuberculous animals —*Med. Press and Circular.*

Blood Corpuscles Doubly Stained.—Dr. A. S. Moore, in the Microscope, makes the following new and valuable contribution to this department of study:

For some years past I have used a process for the double staining of nucleated blood corpuscles, which causes no alteration, except, of course, of color, and as the structure can be seen much better in a semi-transparent than in a more perfectly transparent body, the corpuscles thus stained offer advantages for study which are not found in those left unstained.

The fluids used for this purpose are two, which I shall designate as A and B. Their formulas are as follows: A—Eosine, 5 grains; distilled water, 4 drams; alcohol, 4 drams. Dissolve the eosine in the water and add the alcohol. B—Methyl analin green, 5 grains; distilled water, 1 ounce.

The blood should be spread upon the slide by placing a drop upon one end and quickly drawing the smooth edge of another slide over it. This, if well done, will leave a single layer of corpuscles evenly spread over the central part of the slide. When the corpuscles on the slide are thoroughly dry, which will require only a few minutes, the slide should be "flooded" with stain A. This should be allowed to remain on for about three minutes, at the end of which time it may be washed by gently waving back and forth in a glass of clear water. Before it is allowed to dry the corpuscles should again be flooded, this time with stain B. After two minutes' exposure to this fluid the slide should be washed as before and set away to dry. When dry, a drop of Canada balsam may be put upon the blood, a cover-glass applied, and the whole gently warmed until the balsam spreads out properly. When hard, it will be finished, the same as is usual with balsam mounts. If now examined with the microscope the corpuscles will be found to be well stained red, while the nuclei and "leucocytes" will be a bluish green.

Iodine in Malaria.—Dr. R. B. Morrison reports that he has treated with very great success two hundred and fifty cases of acute malarial poisoning by administration of tincture of iodine. The dose he employs is fifteen minims (not drops) three times a day, made up with sugar and gum and largely diluted. It is taken a quarter of an hour before meals. In cases of chronic malarial poisoning he found by experience that iodine has no especial action. Constipation, pregnancy, or lactation do not contraindicate the use of the remedy.—*Maryland Med. Jour.*

Baboo Brojendra Nath Banerjee used tincture of iodine, in 1879, in more than five hundred cases, and thought that many of them were cured as if by magic. In 1880 he again tried it, but with less success. The cause of this discrepancy in his results was that he had at first overlooked the fact that in every malarial epidemic there are many cases of ephemeral or one-day fever, with a temperature of 105° or 106° F., a pulse of 120 or 130, quick and labored respiration, intense headache, and even delirium. In these cases there is only one febrile attack, which does not recur. When medicine is given in such cases the non-recurrence of the attack is ascribed to the medicine, and whatever happens to be given appears to cure the fever. Intermittent fever also tends to spontaneous cure on the third, fourth, fifth, and even seventh or eighth day. Old women

in the country villages of India are acquainted with this fact, and wait until the third day before they give medicine. His experience since he became acquainted with ephemeral fever and the spontaneous cure of intermittent fever has shown him that while iodine may cure about fifty-five per cent of malarial cases it can not rival quinine. In many respects it is much inferior to it. There are very few persons who can not tolerate quinine, whereas iodine disagrees with many. It can not and never should be given when there is nausea or vomiting and burning of the skin. It is certain to aggravate these symptoms fourfold and make the patient nearly mad. Distressing symptoms are sometimes produced by iodine. It produces flushing of the face, severe vomiting and retching, intense burning of the skin, formication, injection of the conjunctivæ, and coryza.—*Indian Med. Gazette; Lond. Pract.*

Abdominal Method of Singing and Breathing as a Cause of Female Weaknesses.—Dr. Clifton Wing draws attention to the fact that the tissues which support the uterus being chiefly elastic and not contractile, they are incapable of being strengthened, like ordinary muscles, by exercise. Muscular development is, therefore, no safeguard against prolapse; and gymnastic exercises instead of remedying actually increase a tendency to it. He has observed several cases in which uterine displacement was caused by the abdominal method of singing or speaking, in which abdominal respiration is chiefly employed instead of thoracic. Greater pressure is exerted upon the uterus by this method, especially when an attempt is made to contract an already retracted abdominal wall, the inspiration having been limited to a superficial thoracic respiration. This effect is greatly increased by the restrictive action of close and unyielding corsets.—*Boston Med. and Surg. Journal.*

Transient Albuminuria.—Dr. F. P. Kinnicutt thinks that temporary albuminuria, as it occurs in children and adolescents in apparent health, may be traced in a large number of instances to a transient oxaluria or lithuria, and suggests that the sequence of events in the causation of the albuminuria is as follows: 1. The temporary presence of a large amount of imperfectly oxidized matter in the circulation; 2. A disturbance of the general nervous system in which the vaso-motor system of the kidney shares, or one confined to the vaso-motor system of the kidney in its elimination of these products of a faulty digestion; 3. A transient dilatation of the blood-vessels of the kidneys and a retardation of the blood-current in the glomerular vessels, with a consequent possible alteration in the functions of the globular epithelium, also of a temporary nature.—*Archives of Medicine; London Pract.*

The Bacterium of Pemphigus.—M. Paul Gieber has found micro-organisms in the serum which fills the bullæ in acute pemphigus and in the urine of the patients. The parasite is found in chains of rounded elements, which show active movements. It is reproduced by cultivating the serum or the urine. The author has not found it transmitted by contagion, and attempts to propagate it by inoculation have so far failed. The affection is easily cured by the usual anti-parasitic remedies.—*Annales de Dermatol. et de Syphilographie; Ibid.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

Vol. XIV.

LOUISVILLE, SEPTEMBER 30, 1882. •

No. 14.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

EDITORIAL CHANGES.

With this issue of the LOUISVILLE MEDICAL NEWS our editorial labors in connection with it are brought to a close. Being called unexpectedly to the work, from active and absorbing duties, by the death of the lamented Cowling, it has not been without much extra labor and some personal sacrifice that we have been able thus far to fulfill the task set before us; and now, additional demands being made upon our time by duties recently assumed, we are compelled to vacate the editorial chair.

An experience of nearly eighteen months in the field of journalism has brought us into relationships with medical literature and medical men which, viewed in the retrospect, awaken nothing but pleasing reflections, and which we can but reluctantly abandon. The only claim we can now put forward is that we have done our work conscientiously and with no motive other than a desire to make the journal of real service to the medical practitioner, maintaining, so far as it has been in our power, the standard of excellence which it had attained under our illustrious predecessors. Whether we have succeeded or failed only our readers can judge.

In taking our leave we heartily thank our subscribers for their liberal support, our contributors for the promptness and fullness with which they have supplied us, unsolicited in most instances, with valuable matter, and our publishers and printers for unvary-

ing courtesy, kindness, and timely aid in helping us over many difficulties.

The editorial management of the NEWS will from this date devolve upon Drs. Lunsford P. Yandell and L. S. McMurtry.

Dr. Yandell is widely and favorably known as a medical writer; and, having formerly done substantial service in the cause of medical science and literature as editor of this journal, he requires no introduction to our readers.

Dr. McMurtry, also well known through medical literary work in other fields, comes to the editorship of the NEWS with much promise and no little achievement in this department of labor. A warm supporter of the journal from its start, and a most intimate friend of its eminent founder, it is certain that he has much heart to put into the work.

In saying good-bye to our readers, we are glad to be able to assure those who may not know us personally that we leave the NEWS in the hands of its tried friends, who will not suffer it to lapse from its present place in medical literature while they strive with becoming zeal and ambition to enlarge its scope and influence. To our personal friends we may not unfittingly suggest that by giving the journal further support they will aid a cause in which our best sympathies are enlisted, and help to hold up the hands of two of our most esteemed colleagues and friends.

THE DUTIES OF THE PHYSICIAN.—“Art is long, time is short, opportunity fleeting, experience deceptive, and judgment difficult.” Such were the serious reflections of the father

of medicine after he had labored with its problems for many years, and accomplished more than perhaps any man who has since practiced the healing art. In these days, when so many doctors may be found who are little better than professional loafers, so many who discourage the reading of medical works, who express their contempt for original research and scoff at medical journals, regarding the accumulation of money as the only test of professional success, and who depend on their own personal shrewdness and the gullibility of the people at large to excuse the title under which they thrive, the following, relative to the life of Dr. Geo. B. Winston, from the St. Louis Courier of Medicine, is refreshing:

A friend once remarked to him, "Doctor, what necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment never to be forgotten he replied, "My dear sir, I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir; and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments, and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."

YELLOW FEVER.

Though waning at Brownsville and Matamoros, yellow fever has spread rapidly during the last week at Pensacola. The total number of cases, from the time since the presence of the disease was acknowledged up to the 18th inst., is two hundred and seventeen, with twenty-nine deaths. In Texas the disease has not spread beyond the line guarded by the Marine Hospital Service;

while upon the Mexican side of the Rio Grande it has traveled up stream as far as Reynosa and Mier. Guards have been placed opposite these points to prevent its introduction into the Texan settlements.

The total number of cases occurring in Brownsville, from the beginning of the epidemic up to September 17th, is officially reported at 1,771; deaths, 94.

By the above it will be seen how much higher the mortality has ranged in Pensacola than in Brownsville. The fever in each place is probably of a distinct type, and the difference in degree of virulence may be accounted for by the disease having been introduced into each town from widely distant sources of infection; the original fever being mild in the country from which it was carried into Matamoros and Brownsville, and virulent in the locality from which it was brought to Pensacola.

Theories of origin aside, there is no question of the value of depopulation and quarantine so far as the present epidemic is concerned. Hundreds of the inhabitants have found safety in flight. The garrison of Ft. Brown, by moving several miles up the Rio Grande, have escaped infection. The U. S. soldiers and marines at Pensacola embarked for Mount Vernon Barracks, Alabama, on the day after the presence of the fever was officially promulgated, and are safe. The navy-yard quarantined against the city, and late advices from Surgeon A. M. Owens, U. S. N., show the quarantine to be effective. Up to the date of going to press there is no account of any case outside of a limited area of country around the places first infected.

DARWIN'S STATUE.—Twelve thousand five hundred dollars have been already collected for the marble statue of Darwin, to be erected in the British Museum.

A FEW deaths from enteric fever have occurred among the British sailors and marines at Alexandria and Malta.

MISCELLANY.

POPULAR MEDICATION.—The epidemic of "St. Jacob's Oil," from which this whole country has been suffering for some time past, and which more recently attacked this locality, deserves a little variation in the mode by which the oil is advertised. In this vicinity the epidemic has been very severe in character, but in its onset it has not varied from the usual type in its spread. Commencing in the newspapers, it rapidly spread to the fences and dead walls of all the streets, and thence infected the passers-by. So virulent was the attack that common rumor has it that, through an expenditure of some four hundred thousand dollars in advertising, the whole country is now suffering at the rate of about forty thousand dollars a week of total sales. If this be true, or anywhere near the truth, the latter sum forms a very respectable item in the interest account of the national debt to the patent medicine business—a branch of mercantile enterprise exceeded by none.

It is estimated on a basis that can hardly be called statistical, though it may be reasonable and probable, that the people of this country consume between five and six times more medicine per capita than any other nation of the world, and yet the people are taxed for it in such a way that they hardly seem to feel it; or rather, the quack-medicine tax is so much better managed than the spirit and tobacco taxes, that it does not cost any thing like as much to collect it. A very interesting question in political economy is, how much better off would the nation be if these taxes were saved by the cure of these mild but not harmless forms of insanity which cause the irrational use or abuse of patent medicines, spirits, and tobacco? Suppose there were only fifty patent medicines, with an aggregate sale of twenty thousand dollars a week each. That would be a million dollars a week, or fifty-two millions of dollars a year; and this sum, if capitalized at four per cent per annum, would represent thirteen hundred millions of dollars.

"St. Jacob's Oil" appears to be a feeble and badly-made aconite liniment, and it consists mainly of water, ether, alcohol, turpentine, and a small proportion of aconite, with red coloring-matter. Its whole function is to make money for the enterprising merchants who own it, and in this it is by no means a delusion or a snare. Its enormous sale is not only of great service in help-

ing the poor to stay poor, but it also relieves a great many people of their money who are not poor in any thing but common sense, and who take their medicines as they do most of their other deceptions, namely, by being advertised into them, since without advertising not one hundred dollars' worth of St. Jacob's Oil could ever have been sold. —*Squibb's Ephemeris*.

CHOLERA IN JAPAN, AND THE PHILIPPINES.—We learn from the Medical News of September 23d that recent advices from Japan give the number of cases of cholera in Yokohama from August 10th to 21st as 608, with 357 deaths. Since the beginning of the epidemic there have been 2,801 cases, and 1,719 deaths; a mortality of over sixty-one per cent. The foreign residents continue free from the disease. Other parts of the empire are becoming infected. Osaka, one of the largest cities, has been declared an infected port.

The epidemic in the Philippines, according to the British Medical Journal, is assuming gigantic proportions, four thousand natives in a single province having recently died of cholera. Hitherto the natives only have been attacked, but the deaths of several Europeans are now reported. The government has adopted most stringent measures regarding vessels arriving at Spanish ports from the East.

DIARRHEA FROM BAD WATER.—The British Medical Journal says that at Aldershot there are posted over the different water-taps such notices as these: "This water is for washing only;" "This water is for drinking only." In spite of all warnings the soldiers stationed at this place, when hot and tired, will drink the first water that comes to hand, and as a consequence of this carelessness many of them are now suffering from a severe diarrhea.

WOODEN CLOVES.—The Madras Mail mentions the appearance in the market of artificial cloves, which remind one of the once celebrated wooden nutmegs of Connecticut. They are made of soft deal, stained a dark color, and flavored with oil of cloves. The counterfeit spice is said to have been imported into Zanzibar from the United States.

LADY STRANGFORD, accompanied by several nurses, has left England for Alexandria. She goes out in connection with the charitable enterprise of the Knights of St. John.

THE DANGERS OF CHLOROFORM.—M. Vulpian has been experimenting upon animals with chloroform, and has stated before the French Academy of Medicine that it is liable to cause death at the beginning of its exhibition, during the exhibition, and at its close; and that it occasionally causes death immediately after, or after the lapse of some hours or days. It acts either upon the respiratory centers or on the motor ganglia of the heart. In the latter case resuscitation is rarely accomplished. His experiments also confirm the opinion that ether is much less dangerous to life.—*Medical Gazette*.

TRICHINÆ DESTROYED BY COLD.—Dr. Paul Zibier and Dr. Bouley recently reported the results of numerous experiments with trichinæ to the Société de Biologie. They find that freezing destroys the life of the trichinæ in a very few hours, and the continued action of a moderately low temperature is likewise destructive to these parasites. The experiments were made with American pork and fresh young birds. L. S. O.

TREATMENT OF STILLBORN INFANTS.—The London Medical Record gives an abstract of a report by Dr. Ruzanovsky on this subject. Dr. R. had tried all the usual methods in a case of asphyxia neonatorum unsuccessfully, when he resolved to try hot water, lately recommended by Dr. Le Bon. The infant was immersed in very warm water, leaving free the head alone. One minute afterward—eighty-seven minutes after birth—the first inspiration was made and the child's life was saved.—*Obstet. Gazette*.

THE VACATION OF A SUCCESSFUL PRACTITIONER.—Wife (to a doctor just home from a week's hunting): "Well, James, did you shoot any thing." Doctor (sadly): "No; awfully bad luck; never killed a thing." Wife (who knows him, sweetly): "My dear, you would have done better if you had stayed at home."—*Medical Record*.

A TERRIBLE DEATH happened recently at Walsall, where a youth died in fearful agonies from the effects of having drunk a mixture of nitric acid and mercury in mistake for ginger beer.

ANTIGALACTOPOIETICS.—Dr. Loevenich, in the *Bulletin de Thérapeutique*, says that poultices of parsley leaves, freshly applied three times a day, and poultices of wild pansies are used in Asia with perfect success.

A MARVEL OF SURGERY.—Dr. Roswell Park writes from Prague: "I have had the pleasure of a rather extended interview with a patient whose larynx and epiglottis Prof. Gussenbauer removed over a year ago. Six weeks after the operation he began to wear part of the artificial larynx, and after accustoming himself to this he gradually learned how to introduce and use the reed which takes the place of the vocal cords. The apparatus was made for him by Rothe, who has also done some work for the Reese Hospital. The patient is a riding-teacher, is reputed the best rider in Prague, is busy from morning to night, talking all day, and suffers not the slightest inconvenience or pain. His voice is of course very monotonous, but his enunciation is excellent, his speech perfectly intelligible, and he eats and drinks with perfect facility. Three intra-laryngeal operations had been previously made before Gussenbauer attempted his feat. This case is said to be the best living example of what the art of the surgeon and the mechanic can accomplish for such a terrible disease as cancer of the larynx."—*British Medical Journal*.

DIAGNOSIS OF UTERINE DISEASE BY THE LARYNGOSCOPE.—Dr. Seiler was consulted by a young girl with general relaxation of the mucous membrane of the throat, which he concluded to be due to uterine disease, for which he advised her to put herself under the treatment of her family physician, as local treatment of the throat would be of no use to her. Her reply was, "Doctor, if I had known that you could see all the way down I would not have come to you."—*Maryland Med. Journal*.

AN imitation of glycerin has been put upon the French market. It is found to be simply a saturated solution of magnesia sulphate with sufficient glucose to disguise the otherwise bitter taste.—*New England Med. Monthly*.

Fortunately this spurious article may be detected by very simple chemical tests.

DR. LEVINSTEIN, of Schömberg, died on the 7th of August. He was an enlightened psychological physician, and will be remembered for his writings on the form of insanity due to the habitual use of hypodermic injections of morphia.

A NEW veterinary school will be opened in Harvard University this fall.

Original.

SOME OBSERVATIONS ON EXPRESSION OF THE PLACENTA.

A Criticism of the Crede Method.

BY RUFUS W. GRISWOLD, M.D.

Fashions in dress are not much more changeable than fashions in medicine, nor much more radical in the change. As the baggy sleeve of one period is not merely supplanted, but is wholly suppressed by the skin-tight covering of another, so also, in so far as the fashion of teaching is concerned, the older mode of *extraction* of the placenta after child-birth is supplanted and suppressed by the *expression* of it.

By the term "extraction" here used is meant the procedure of seizing the cord, in proper time after the separation of the child, in one hand, and making gentle traction thereon, while the other hand, or that of an assistant, grasps the uterus, and by pressure and friction thereon stimulates a contraction, and thereby makes the expulsion of the mass from the uterus one partly of uterine pressure and partly of mechanical assistance. By the term "expression" is meant the modern method of seizing the uterine tumor through the abdominal walls, with both hands, and essaying to squeeze out the placental mass by forcible pressure. This latter proceeding, dubbed the Credé method, is one now mostly in vogue in the teaching of the text-books, and so presumably in the schools. To such extent has the recommending of this latter method obtained that it is legitimately to be expected the beginner in midwifery practice will be led to place his entire reliance upon it in all removals of the placenta, and, discarding any traction on the cord whatever, will sometimes find that his confidence in it is quite misplaced.

After thirty years' experience of a fair obstetrical practice a man may be pardoned for believing that he understands something of it, despite the theory of authorities contrary to his observation. Actual manipulation hundreds of times repeated leaves such impressions of efficacy and virtue in results as are not likely to be thrown aside as pernicious and wrong simply upon the incoming of a new fashion; and if some faithful trial of the vaunted new method fails to give as satisfactory results as the old ones, one may be justified in putting

himself on paper somewhat deprecatory of the later mode.

I have essayed the practice of the Credé method. It is not satisfactory, and in the main in what the books call third stage of labor—that is, the extraction and removal of the placenta. I grasp the extended funis as high up as possible, and, making some gentle traction thereon, at the same time attempt to stimulate contraction of the uterus by outward manipulation with the other hand, and accomplish the removal by the coördination of those two factors. I think that the most satisfactory, the most rational, and the most philosophical way, high authorities to the contrary notwithstanding.

Let us look a little into the *rationale* of the matter.

The womb relieved of the fetus is a jug inverted, the outlet having ordinarily much the smallest diameter of the cavity. The placenta is a pretty nearly solid mass, approximating in size to the capacity of the vessel, and conformed to its ovoid shape, with the funis projecting through its neck. A common-sense consideration of the easiest way to get any semi-solid mass capable of being molded into different shape, and which has a considerably larger diameter above the neck of the bottle than it has at the neck, is to reduce the diameter above by elongating the body of it. This is just what it is expedient to do with the placenta. Some part of what is desirable in this direction is accomplished by the placenta unloading itself of a portion of its fluidity, thus reducing its size but not changing its shape. Traction of the cord does change its shape, increasing its length at the expense of its breadth, and thus reducing the breadth to the capacity of the neck through which it has to pass.* Traction on the cord is still further useful by forcing the depending part of the placenta further and further into the

* An instructive exemplification of this process may be seen in the very interesting way in which the snake contrives to get himself outside the toad, whose circumference and diameter are three or four times his own. The consistence of the toad and his susceptibility to compression in the direction of his breadth, and elongation in the direction of his length, without any sensible reduction in his weight, makes him a very good figure for our illustration. Grasping his victim by the hind feet, which may very fitly represent our funis, his snakeship readily compresses the toad up to the body; but here comes the obstacle. The body, nearly as broad as it is long, must be reduced in its circumference by increasing its length. The same process that engulphs the lower part of the body lengthens out the remainder to a diameter corresponding to the size of the distended jaws, until the whole carcass is passed through the opening. Precisely this process of elongation, which is aided by traction on the cord, is the one thing desirable in the process of getting the placenta outside the uterus. Cut open the snake, put the normal toad in his stomach, and attempt to *express* him out at the neck, and you will have to elongate him to the capacity of the passage through which he has to travel.

neck of the vessel, and thus dilating the neck to the degree necessary for its easier passage. Traction further assists delivery of the mass, when made in connection with a contraction of the womb, in precisely the same manner as traction with the forceps upon the fetus assists the womb in expelling that fetus by contracting upon it. In both cases there is a factor before and a factor behind, one pulling and the other pushing, coördinating and assisting each other in a philosophical mechanical effort toward the accomplishment of the same end. And further, traction at the cord is in many instances an important factor in stimulating uterine contraction by the irritation produced, and so in that direction is highly useful.

Therefore I make use of a moderate degree of traction on the funis, not simply to pull the secundines out of the vagina after their expulsion from the womb, but before that expulsion and as an aid to it.

I think this procedure a philosophical, rational, and common-sense one, and, so far as results have gone under my observation, it is satisfactory. It is not to be understood by this, however, that the placenta is to be dragged out of the uterus by pulling alone, independently of the contraction of the organ. A degree of force sufficient for that is certainly to be deprecated. The point to be attained is, that whereas *without* the aid of the traction two, three, four, or more contractile efforts of the organ, provided you get them, may empty the after-birth into the vagina, one or two *with* the traction will give the same result, with considerably less expenditure of time and also of effort on the part of a patient often enough well fagged out.

It may not be amiss to note further that, in addition to tractile effort on the cord by one hand, it is well to hook a finger into the mass of the placenta as high up as convenient, and above the mouth of the womb, and use gentle force at extraction in that way. This is stated especially for the reason that some modern writers put it down pointedly that it should not be done (see especially Playfair). I beg the privilege of being allowed to differ with the modern writer in this particular.

Now let us consider the Credé method. The essential idea seems to be that the after-birth is to be squeezed out of the womb by the compression of its walls on the inclosed body. I do not undertake to say that this can not be done, even without the aid of

any other potency; but I do say that when it seems to be done without the aid of some other potency, the operator is generally the recipient of a self-deception. When I have hold of a depending funis, using enough power upon it to make it slightly tense, and the uterus contracts forcibly upon the secundines, and they come away, I do not say to myself that I have pulled them away; I recognize the potency of another factor to which my pull has been only a minor aid. So also when I seize the uterus within my two hands through the abdominal walls, and compress it till the organ begins (partly, perhaps, in consequence of the irritation of the pressure, and perhaps quite independent of it), to contract, and the placenta slides out, I do not deceive myself with the idea that it has been *expressed* by my effort, I recognize the fact that it has been *extruded* by the contractile power of the uterus; independent of that contractile power, and by expression *per se* and alone, the placenta is not gotten rid of except from a very flaccid and open-mouthed womb. The effort of expression alone lessens the diameter of the cavity of the uterus from left to right, while it increases it in corresponding degree from anterior to posterior. Pressure upon the fundus on the outside at the same time crowds the entire organ farther into the pelvis, but does not crowd the fundus into the interior of the organ. In other words, this mechanical effort at expression does not lessen the caliber of the cavity of the uterus. It may stimulate muscular contraction. The muscular contraction *does* lessen the caliber of the cavity, and as the caliber is lessened the after-birth slips away. This is the nub of the Credé method, and the Credé method practically amounts to nothing more than the "grasping pressure" recommended by F. Ramsbotham; "grasping the uterus by closing the fingers upon it," as per Dewees; the "pressure of the half-closed hand" of Denman; "grasping and rolling the hand about the uterus," *vide* Blundell; "the occasional friction to the uterus" of Churchill; and the similar advice of most all of the older book-writers. The obstetrician who flatters himself that he expresses out placentas is generally deluded. He is not much less deluded than if, seizing the uterus between his hands before the expulsion of the fetus, and forcibly squeezing it while the woman has the last pain that protrudes the head through the outlet of the vagina, he imagines that his effort has borne the child. And in any possible case where, given a

flaccid womb with a lax and very open os, expression unaccompanied by contraction empties the organ, the condition will be precisely the same as if the after-birth had been pulled away, minus contraction. Neither of these is it well to do until varied other efforts are made to induce "a pain" as the chief factor in unloading the organ. What the judicious varied other efforts may be, it was not a purpose of this paper at its commencement to discuss or to allude to; but I will venture to offer somewhat in regard to one of them, especially for the reason that I see no allusion made to it in medical literature. The point I wish to touch is the efficacy of voluntary effort in expulsion of the placenta.

At some periods in obstetrical discussion the relative virtue of three supposed natural factors in delivery have been considered: First, effort of the child to escape; second, voluntary abdominal and uterine muscular expulsive efforts upon the part of the mother; and third, involuntary contractile effort of the uterus itself. The virtue of the first of these supposed factors was long since left out of the account, and the second has come to be not sufficiently well remembered. The effort expressed by the term "labor" is in too great degree lost sight of. I am not to enlarge, however, upon this point as regards the birth of the child, but in its relation to the expulsion of the after-birth.

In a very large number of cases of delivery, involuntary contraction of the walls of the womb ceases after the birth of the child. These are the cases we are considering. This cessation of contraction, if the patient is left quite to herself, may last ten, twenty, forty minutes, or an hour, five or ten hours, or longer. We have been instructed to *wait*—time indefinite. And if you choose to wait, you may perhaps have to do it but for a few moments, and perhaps for a time as indefinite as the instruction. There is neither necessity nor good in waiting, except in an occasional case where your patient may be so exhausted by her previous efforts as to be quite incapable of making any more; in which condition let her have a brief rest. Do not hurry matters; but, when you have gotten the child out of your way, straighten your patient out so as to bring the abdominal muscles as closely down upon the uterus as practicable. With a bare hand on the fundus; take the cord in your other hand, well up, twisting it around your fingers to keep it from slipping; put it enough on the

stretch to reduce the diameter of the placenta at the os and to bring the depending part into it; and say to your patient, gently, but as if you expected the proper response from her, "Come, now, give us one more pain, and we will be through," or other words of like import. She will fill her lungs, and, beginning to "bear down," will *originate* a uterine contraction, a voluntary contraction, very readily perceived, and by which, aided by slight traction upon the cord and grasping pressure of the uterus, the placenta will be driven out—not expressed, but expelled; and *that* is the thing desirable. If I have not been deceived by the observations of a thirty years' experience, this voluntary effort has vastly more of virtue and common sense in it than can be found in the vaunted method of Credé, or any other thing similar. A good many years ago (it was while *waiting* on a case for "a pain" to expel the placenta) the woman said, "See; let me blow on the back of my hand;" whereupon, inflating the lungs to a full capacity, she began to "bear down" while blowing on her hand, the lips being pressed to it so that no air could escape; and directly the after-birth slid into the vagina. In her mind she attributed the result to the blowing on her hand; but, as a matter of fact, she had instituted a voluntary contraction of the muscular walls of the uterus, and that had driven out the secundines. I have since seen other women "blow on the back of the hand" with the same efficacy.

It is not to be understood that a single voluntary effort of this sort will always procure the contraction, but that it often will. It is not to be understood that the effort, or repeated efforts, will not sometimes quite fail, but that they will frequently succeed. It is not to be understood that, the contraction procured, the placenta will always be cast out by the first closing in of the walls any more than by the first inclosing from an involuntary pain; but that one, two, or more of these solicited and induced contractions will generally result as desired, and that the procedure indicated is one of the most potent factors in the attainment of that desired result. In a case of adherent placenta this stimulated pain is of great service. The work performed by it in separating the adhesion is precisely the same as performed by an involuntary contraction, with this in its favor, that whereas you might wait a long while for the involuntary pain to come, you can often abridge

much time by the procured inclosing of the uterine structure. In cases of retained placenta after abortions, which sometimes give the practitioner a deal of trouble, the severe "bearing-down" effort upon the part of the patient will often materially aid in the removal of the secondary mass.

I am aware that the power of voluntary contraction of the uterus is a matter not only called in question, but by some strenuously denied. I do not propose entering into the discussion of it here, but when, under the conditions we have been considering, one has seen the thing many times, he may be justified in believing that he knows exactly what he is talking about.

ROCKY HILL, CONN.

Reviews.

A Treatise of the Physiological Action of the Sulphate of Quinine. By OTIS FREDERICK MANSON, M.D., Professor of Physiology and Pathology in the Medical College of Virginia. Philadelphia: J. B. Lippincott & Co. 1882.

At such a time as this, when in this part of the world quinine is so freely prescribed by the medical profession and the laity for almost every disease to which man is liable, a work like this is especially fit, and should be honored by a large number of readers.

The book opens with a few general remarks on diversity of views held by various authors and physicians relative to the action of quinine, and gives a short historical sketch of the discovery of the alkaloid. This is followed by a number of detailed experiments demonstrating the effect of the drug in varying doses upon animals. Next its effects on man in health are considered, and lastly, its effects on the human organism in disease are elaborately discussed.

One of the main arguments of the work is that quinine must be ranked among the sedative or so-called antiphlogistic remedies, reducing the pulse and lowering the temperature; and a number of physiological experiments, the clinical records of not a few cases, and a large array of quotations from various medical writers are adduced in proof of the proposition. The author further claims that in large doses quinine has a marked soporific influence, and in this connection cites a case of delirium tremens in which twenty grains of the sulphate induced the desired sleep after an insomnia of one hundred and twenty hours, during which time large doses of opium and mor-

phia had been repeatedly given without effect.

That the author regards quinine as having a therapeutic range far beyond the circle of malarial affections and diseases with a malarial complication is evident, since he has much to say of its beneficent influence in many diseases of an essentially non-malarial type, such as typhus and typhoid fevers, yellow fever, scarlatina, croup, acute and chronic rheumatism, etc. If the curative action of quinine in these affections be demonstrated, the thought is suggested that in this region a diagnosis of malarial complication in diseases essentially non-malarial may perhaps be too often made by the physician, and that the quinine given, as it is daily in practice, with a view of removing this supposed complication, is really doing good by combating the essential symptoms of the affections treated. Something like this sort of teaching wandered over here from Germany a few years ago, and in the treatment of one disease, at least (typhoid fever), found many disciples. We believe that the majority of our physicians who embraced the new doctrine are to-day skeptical as to its soundness, and limit the administration of quinine in typhoid to cases in which the diagnosis between it and remittent fever is doubtful, abandoning the drug as soon as symptoms of the former fever declare themselves in unmistakable characters.

One thing is clear: In malarial regions quinine, in full doses, has a wide range of application, and is tolerated in many widely differing affections; outside of the malarial zone the drug is either never given at all, or administered with extreme caution in a limited number of pathological conditions; and it will require a formidable array of facts, derived from physiological research and backed by clinical observation, to disabuse the mind of the Southern physician of his "malarial complication," or to lead the Northern doctor to look upon quinine as anything but a cold poison, good for ague in small doses, but of doubtful and dangerous effect in the ordinary run of diseases.

The Function of the Intestinal Juice. By CHAS. L. DANA, A.M., M.D., Professor of Physiology in the Woman's Medical College of New York, etc. Reprint. Philadelphia. 1882.

This brochure gives a detailed account of a series of five experiments, performed upon four dogs and a horse. These experiments seem to demonstrate that the intestinal juice

is competent to change albumen into peptone, and starch into grape sugar, while its action upon fats may be regarded as *nil*. At least in the four instances in which the action of the juice upon fats was tested, a quantity almost equal to that injected was reclaimed after some five or six hours, and no evidence of an emulsion could be found either in the intestines or lacteals. The author has prepared a very interesting table in which his observations on this subject are compared with those of fifteen other physiologists, and by which it will be seen that his results are but confirmatory of those noted by many previous observers, so far as the action of the intestinal juice upon albumen and starch is concerned.

As to the action of the juice on fats there seems to be much difference of opinion among the observers named by the author. Among the nine who experimented with fats, five found emulsions, and four reported fats as unaffected. This gives the author the tie vote, since his experiments force him to cast it against the emulsion clause. He says, "We may be asked to explain, if the intestinal juice is inert, how is it that when the pancreatic duct, or when the pancreas is diseased, there is not always a fatty diarrhea, or much fat in the feces? To this it may be said that in warm alkaline fluids neutral fats may develop *acids and become emulsified*."

The Multum-in-parvo Reference and Dose Book. By C. HENRI LEONARD, M.A., M.D., Professor of Medical and Surgical Diseases of Women, Clinical Gynecology, Michigan Medical College. Popular edition, price 30 cents; in cloth, 75 cents. Detroit: The Illustrated Journal Publishing Company.

This little work, like many others by the same author, is a compilation from various sources. It contains a full posological table of not only standard medicines, but of the latest preparations, and new remedies as well; some very simple and practical directions for changing the English dose system into the metric; remarks on pharmaceutical preparations; a list of incompatibles; a chapter on poisons and their antidotes; general chemical tests; directions for urinary analysis; some valuable suggestions relative to obstetrics; visceral measurements; a number of paragraphs giving the essential points in the differential diagnosis of the exanthemata; pronunciation of medicobiographical names; a table of fees for the physician and surgeon; "Short Stops," de-

voted chiefly to directions for the management of emergency cases; a comparative table of weights and measures; a list of abbreviations; rules for pronunciation; rules for genitive-case endings, and a paragraph giving the number of drops in twenty minims of the chief fluid medicaments. All this varied information is condensed into ninety-nine pages, 16mo.

The general practitioner will find the book a valuable addition to his pocket outfit; but we sincerely hope that the medical student may be induced to let it alone. The author's motto, *Μέγα βιβλίον μέγα κακόν* ("A big book a big evil"), although said by a poet who had probably served many a weary year as a scribe, is not true. At least the author's own experience would seem to attest this conclusion, since by the aid of these "big evils" only is it possible to make such compilations as the work under notice; and, if we may judge from the immense sale claimed for his little books, the big books have proved a blessing unmixed to the author, who now with base ingratitude abuses them in a dead language.

Books and Pamphlets.

STRICTURE OF THE RECTUM TREATED BY ELECTROLYSIS. By Robert Newman, M.D., of New York. Reprint.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS AT ITS SEVENTH ANNUAL SESSION. Dr. L. P. Gibson, Little Rock, Ark., Secretary. Little Rock, Ark.: Kellogg Printing Company. 1882.

MANUAL FOR THE PHYSIOLOGICAL LABORATORY. By Vincent Harris, M.D. (London), Member of the Royal College of Physicians, and Demonstrator of Physiology at St. Bartholomew Hospital, and D'Arcy Power, M.A., Oxon., Member of the Royal College of Surgeons, etc.

ESSENTIALS OF VACCINATION: A Compilation of Facts relating to Vaccine Inoculation and its Influence in the Prevention of Smallpox. By W. A. Hardway, M.D., Professor of Diseases of the Skin in the Post-graduate Faculty of the Missouri Medical College. Chicago: Jansen, McClurg & Co. 1882.

LIQUOR OPII SEDATIVUS, BATTLE. By C. Lewis Diehl. Read at the Fifth Meeting of the Kentucky Pharmaceutical Association.

We hope soon to be able to present our readers with an abstract of this valuable paper.

ON THE CONTINUOUS INHALATION OF THE VAPOR OF SLAKING LIME IN TREATMENT OF MEMBRANOUS LARYNGITIS. By Eugene F. Cordell, M.D., Professor of Materia Medica and Therapeutics in the Women's Medical College, Baltimore. Reprinted from Maryland Medical Journal.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. ARMY. Vol. III. Cholecyanin—Dzondi.

This is the third volume of a work of which every American should be proud, and for which every medical scholar will be thankful.

THE MALIGNITY OF SYPHILIS. With an Analysis of Four Hundred and Fifty Cases of the Disease. By L. Duncan Bulkley, A.M., M.D., Attending Physician for Skin and Venereal Diseases at the New York Hospital. Reprinted from the Transactions of the Medical Society of the State of New York. New York: G. P. Putnam's Sons & Co. 1882.

LIFE OF JOHN M. BRIGGS, OF BOWLING GREEN, KY. By W. K. Bolling, M.D. Reprint.

This is a beautiful tribute to a noble man. Certainly no Kentuckian can read it without being proud of his native State. Dr. Bolling's well-known ability as a writer will secure for this article a wide reading. It is pleasant to note that the venerable practitioner, teacher, and editor, writes with the same spirit and felicity of expression which were the charm of his earlier productions, while the ripe fruits of a full harvest of learning, the accumulated wisdom of many long years of observation and study, are spread before the reader in the most tempting form.

AN EARLY DIAGNOSIS OF CHRONIC BRIGHT'S DISEASE. By T. A. McBride, M.D., New York. Read before the New York Academy of Medicine November 3, 1881. New York: Trow's Printing and Book-binding Company. 1882.

This important subject is treated by the author in a full and comprehensive manner. Every symptom likely to be encountered during the initial stage of Bright's disease is carefully described. The author devotes especial attention to the appearances and changes in the urine as determined by the microscope and chemical tests, and to increased arterial tension as indicated by instruments of precision, such as the sphygmometer and the sphygmograph. The reader will find this monograph accurate in its statements, entertaining and instructive.

DE LA LITHOTRITIE RAPIDE. Par le Dr. Reliquet, Lauréat de l'Institut, Paris.

LA LITHOTRITIE DOIT ETRE FAITE SANS TRAUMATISME. Par le Dr. Reliquet, Vice-président de la Société de Médecine de Paris, etc. Adrien Delahage et Émile Lecroisnier, éditeurs. Paris, 1882.

During the past fifteen years the author has added quite industriously to the literature of stone in the bladder. The two present pamphlets strongly advocate rapid lithotrity and effectual post-operative irrigation of the bladder. He claims superior advantages for his own lithotrite over that of Bigelow, on the grounds that the calculus can be more thoroughly and quickly crushed, that no fragments can adhere to the instrument, and that the walls of the bladder can not be injured by it. The latter work is especially well written and profusely illustrated with excellent woodcuts.

L. S. O.

VACCINATION. By D. H. Beckwith, M.D., Cleveland, O. Reprint. Pittsburgh: Stevenson & Foster, printers.

DURATION OF THE PERIOD OF INCUBATION OF INFECTIOUS DISEASES. By F. Peyre Porcher, M.D., Charleston, S. C. From Transactions of the South Carolina Medical Association, 1882. Reprint.

This is a compilation from many sources of what is known relative to the duration of the stage of incubation in smallpox, diphtheria, scarlet fever, measles, hooping-cough, mumps, and yellow fever. The author believes that the profession in general, and hospital physicians, boards of health, and government medical officers in particular, should be possessed of more accurate information on this subject than can at present be found in any medical work, and has therefore prepared a table in which the opinions of the highest authorities touching this topic are brought together for comparison. The article further contains numerous extracts from well-known writers confirming the tabulated conclusions above referred to.

This is a most useful field of medical research, and one in which the author has demonstrated his ability to do good work.

Selections.

On the Management of Pruritus in Eczema of the Anus or Genitals.—By L. Duncan Bulkley, M.D., in the New York Medical Record:

The itching of these cases is often most intense, and the patient will plead that if he can only have something to stop the itching the disease will get well. And so I have repeatedly had cases where all sorts and kinds of measures had been previously prescribed with a view of arresting the itching, but in vain, whereas the case yielded speedily when complete treatment was instituted, including only very mild local measures. Quite recently a physician brought a patient in consultation, not in regard to any general management of the case, but only to have my opinion in regard to the probable utility of applying the actual or galvanic cautery to the parts to arrest the itching. And so I have had cases which had previously been given stronger and stronger local applications, with a view of checking the itching, after the failure of recognized neurotic local remedies, until the parts had been brought to a terrible state of inflammation from such applications as strong citrine ointment and the like. Now, while these may succeed in some cases in which, perhaps, a transient digestive disturbance was the starting point of the eczema, I am confident that in the main all such attempts in the way of a local treatment of eczema in these parts is false in theory and injurious in practice.

The measures which I am about to detail may be simple, but will in most, if not all cases, be sufficient as local treatment, provided that all else has been carefully attended to, as implied in the preceding brief mention of dietetic, hygienic and internal medication.

I place great reliance upon hot water as a means of relieving the congestion of the parts and the consequent itching. But the water should be indeed hot, and not warm—so hot that the hand can not be thrust wholly into it—and it should be used in exactly the manner now to be described. I speak thus positively because I occasionally hear it asserted by patients that it is not of service; and on inquiring I find that the exact rules have not been followed, or that it has been used for a longer time, or oftener than prescribed. The patient should sit on the edge of a chair and have a basin with the very hot water and a soft handkerchief in it. This latter is then picked up and held in a mass to the anus or genital parts as hot as can be borne, say for a minute, and then dipped in the water again, and the process repeated three times, the whole not lasting more than two or three minutes; too long bathing, or too frequent sopping of the part, or rubbing with the cloth, etc., makes matters worse.

Before the hot water is gotten ready, I have the ointment which is to be employed spread thickly on the wooly side of surgeon's lint, cut of a size to cover the affected parts only, and laid close by ready for immediate use. After the parts have been soaked with the hot water for the prescribed time, they are rapidly dried by pressing a large, soft linen napkin upon them, with absolutely no friction, and the already spread cloths are immediately applied, the object being to at once exclude the air entirely. Ordinarily it is necessary to use the hot water only a single time in the twenty-four hours, namely, after undressing, and when ready to get into bed. It must be premised that the patient is to so manage as not to indulge in the usual scratching before undergoing these manipulations. If this desire is given way to beforehand, the treatment will not always control it at once; but if the patient can avoid even touching the parts except as described, he or she will commonly be quite able to go to sleep immediately. I have repeatedly had those thus afflicted say that the first night of treatment was the first real rest they had had for months or years.

If the case is very severe, and if there are spells of recurrent itching, the hot water may be repeated occasionally; but it is commonly sufficient simply to renew the ointment one or more times in the day, especially in the morning on rising, without the repetition of the hot water, which latter, I think, sometimes acts prejudicially in softening the parts if used more frequently. It should be added that the ointment should always be spread on lint, and never be rubbed to the part; also, that in applying the lint it should be kept in close apposition to the diseased surface, and that by means calculated to heat the parts as little as possible; and, finally, that in renewing the dressing the fresh cloth should be spread and ready near by before removing the previous one, that the access of air to the parts may be prevented by changing the covering as quickly as possible.

The ointments employed must vary somewhat with the case, and no single one could be mentioned which would be invariably of service. That which I most commonly prescribe is made as follows:

R Unguent. picis..... 3 j;
Zinci oxidi..... 3 ij;
Unguent. aquæ rosæ (U. S. P.)..... 3 iij. M.

This should be of a consistence which spreads easily and remains soft, which may be easily regulated by varying the proportion of the spermaceti in the

rose ointment or cold cream. I may add that I never employ the recent products of petroleum, cosmoline, and vaseline, as a basis for these ointments where protection of the surface and exclusion of air is desired, as they have not body enough to remain as a thick coating upon the part, but rapidly soak in and leave the parts dry and exposed.

Treatment of Yellow Fever.—From the secretary of the National Board of Health we have received the following for publication:

The United States Consul at Maracaibo (Mr. Plummer), in a recent communication to the State Department, inclosed the translation of an extract from a Venezuelan journal, the *Opinion Nacional*, of July 31, 1882, concerning the treatment of yellow fever, by Dr. Serafia Sabucedo Varela, of Havana, Cuba. The extract was referred by Mr. Hunter, Second Assistant Secretary of State, to the National Board of Health, and was by it directed to be published. The translation is as follows:

REMEDY FOR YELLOW FEVER.—The Havana newspapers which we have received to-day contain the following remarks, accompanied with high recommendations:

"*Yellow Fever.* The writer of these lines, doctor of medicine, certifies that since the 24th of June, of the present year, he has used as a remedy against yellow fever, doses of salicylate of sodium and carbonate of sodium, administered in spoonfuls, which remedies have been attended with the happiest results in fifteen cases of this deadly disease.

[Dr. Sabucedo does not warrant in any way that these remedies will be always successful, since a number of observations are necessary to determine the truth of such a transcendental fact for afflicted humanity, and he also rejects energetically every idea of charlatanism or speculation, desiring only to call the attention of his worthy and instructed colleagues, in order that the field of observation may be extended as much as possible, for the purpose of demonstrating by facts whether or not these remedies offer a veritable specific against such a formidable enemy.]

The curative system is as follows: "Before the lapse of forty-eight hours from the first symptoms, administer rapidly an emetic and whatever purgative. After these have operated, give, without loss of time, the following formulas:

"No. 1.—Salicylate of sodium.... 4.00 Gm.;
Water..... 100.00 Gm.

"No. 2.—Carbolate of sodium.... 1.00 Gm.;
Water..... 11.00 Gm.

"Commence to use these formulas as soon as the purge operates, beginning with a spoonful of No. 1, then wrap the patient, and in one hour administer a spoonful of No. 2, thus administering every hour until both formulas are exhausted. The alarming phase will then have disappeared; the patient perspires, and on the second day the fever descends to a less grade, and there is no longer danger, the patient having the assurance that he is saved.

"With this treatment it is very rare to meet with vomit, with albuminuria, or retention of urine, the symptoms limiting themselves to bleeding at the gums and nose, the blood being bright and healthy. The urine is clear and slightly yellow, and occasionally green, without precipitating, after the fourth day. It can be said that serious yellow fever transforms

itself, by this simple treatment, into a mild or abortive yellow fever, and no patient has as yet died among those treated on this plan.

"(Signed) DR. SERAFIA SABUCEDO VARELA."

"HAVANA, July 18, 1882."

—*Medical News.*

Perforating Duodenal Ulcer.—John P., aged thirty-four, a coachman, and a well-built, active, muscular man, apparently in robust health, consulted me in November, 1881, having been suddenly seized with agonizing pain in the right hypochondriac region, extending downward and to the back. The pulse was slow, of good strength; the skin cool, and in twelve hours he was free from pain. Morphia was injected subcutaneously. During the succeeding six months he had occasional attacks of abdominal pain and sickness, not, however, of such severity as to induce him to seek medical aid or to interfere with his work. While in the act of stretching himself to hang a picture, on the evening of April 23, 1881, about an hour after a meal of tea and bread-and-butter, he was again suddenly seized with the same pain as before, and when seen was in a chair, moaning, with the knees drawn up, pale, with a cool skin and a slow but not weak pulse. Bowels had acted during the day. Morphia was again injected with but little relief, and by the following evening he was in a state of profound collapse, and died in twenty-four hours after the seizure.

The abdomen was examined twenty-four hours after death. Rigor mortis complete, with great lividity of surface and rapid decomposition. On opening the abdomen, fetid gas and about two quarts of turbid brown fluid, with yellow floating shreds, escaped, and on raising the transverse colon a round perforation, half an inch in diameter, was seen in the duodenum, which was perfectly free from adhesions. The omentum had limited to some extent the spread of the peritonitis, but there was much soft yellow lymph on the liver and the adjacent bowel. On removing the duodenum, the opening was seen to have a thick rounded margin, firm to the touch, surrounded by folds of mucus membrane radiating from it.

Three years ago George S., aged thirty-six years, while jumping on the hind step of a high gig, was seized with extreme pain in the abdomen, and faintness. When seen by me he presented the phenomenon of collapse in the most intense degree, and for about six hours showed no sign of rallying. Gradually the pulse became perceptible, and warmth returned, but the abdominal pain was extreme, and for three days he lay in a dangerous state. In eight days he had recovered sufficiently to be removed to his home, a distance of some miles, and when heard of six months ago was alive and well. Previously for some months he had occasional attacks of abdominal pain, which he attributed to "cramp."—*W. Henderson, M.B., Glasg., in The Lancet.*

Burnt Alum in Ague.—Baboo Brojendra Nath Banerjee states that this is a very cheap, easily procurable, and efficient antiperiodic medicine. The value of alum is chiefly marked in cases of fever in which the attacks come on with clock-work regularity. It generally fails in irregular types of intermittent fever. Two doses are generally sufficient to complete the cure. Eight grains of burnt alum are to be given in each dose. The first dose is to be given three hours and the next an hour before the expected attack of fever.—*Indian Med. Gazette; Lond. Pract.*

Goitre.—Dr. Danon, in his *thèse* thus reviews the treatment of suffocating goitre: Medical treatment (iodine *intus et extra*) only succeeds in glandular hypertrophied goitre, and perhaps sometimes in the cystic tumor of recent date, small, soft, and superficial. When the goitre is recto-sternal mobile, the surgeon should endeavor to raise the tumor with his fingers and seek to retain it in that position by means of four pins thrust into the goitre, or by the metallic drain invented by Fauvel. This operation is termed "suspension" of the goitre. When the tumor is cystic, and does not present immediate danger of suffocation, the operator can choose between subcutaneous puncture, which is only palliative, cauterization, which occasions always great pain, prolongs the treatment, and leaves ugly cicatrices, injection of iodine, which produces for some days after a swelling of the tumor that might be dangerous, interstitial or subcutaneous injection of iodine, according to the method of Velpeau, or finally, the metallic drainage, to be followed by the elastic drainage. In *solid* goitre, after having tried internal treatment, the choice will only be left between interstitial injection and drainage. In vascular goitre ligature of the thyroid arteries might be attempted, or injections of perchloride of iron. When the goitre is cystic, and suffocation imminent, it should be tapped if it is soft and superficial, and a drainage-tube placed. If the tumor is solid, and the attacks of suffocation frequent, extraction of the thyroid gland is the only resource. Tracheotomy should be reserved for cases where the life of the patient is in immediate danger. Igni-puncture and interstitial injection of chloride of zinc have been recently employed with good results, but the cases require to be more numerous in order to be able to accept this treatment in a definite manner.—*Med. Press and Circular.*

Opening the Esophagus.—A man aged sixty, under the care of Dr. Stephen McKenzie, was referred to Mr. Reeves on account of malignant obstruction of the esophagus, and as Dr. McKenzie and Mr. Adams concurred with Mr. Reeves as to the advisability of a cervical incision, the operation of esophagotomy was undertaken and successfully completed. It was difficult to recognize the esophagus, whose walls were cancerous, and on account of their friability the attempt to secure it to the skin was abandoned and a large elastic catheter was introduced and tied in. . . . Attention of surgeons is drawn to this because it serves to dispel the belief which has hitherto existed in the professional mind as to the danger and difficulty of the operation when undertaken for stricture.—*The Lancet.*

Sulphuretted Hydrogen in Tuberculosis.—Prof. Arnaldo Cantani has been experimenting with sulphuretted hydrogen in the treatment of tuberculosis. The reputation of certain sulphur springs, as well as the known properties of the antiseptic, led him to regard the treatment as hopeful. He administers the gas partly in solution and partly by inhalation in a special chamber. He finds so far, that (1) the inhalation of an atmosphere strongly impregnated with sulphuretted hydrogen can be well borne for a considerable time by most patients, and those who find it irksome at first soon get accustomed to it; (2) the patients usually become free of fever in a day or two; (3) the local changes appear not to increase, and the cough becomes less.—*Centralb. f. Med. Wissensch.; London Pract.*

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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No. 15.

LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

SALUTATORY.

The readers of the LOUISVILLE MEDICAL NEWS will observe that with this issue its editorship is changed. Our immediate predecessors and esteemed friends, Drs. Holland and Cottell, by faithful and efficient management have extended the popularity and prosperity of the journal.

It will be the policy of the present editors to make the NEWS eminently a practitioner's journal. Its corps of contributors will embrace many eminent writers and practitioners, and we solicit from our friends every where papers, notes of cases, therapeutic memoranda, and records of clinical observation. At an early day correspondents will furnish our readers the freshest and most useful items of news from the medical centers of Europe and America. The department devoted to translations, we are happy to announce, will be in charge of Dr. John A. Ochterlony, whose qualifications for this work are so widely and favorably known. The most recent publications will be promptly and impartially reviewed. Our editorial columns will be devoted to comments upon current matters of professional interest.

The present rapid advance and constantly-increasing activity in all the departments of medical science render more prompt methods of diffusing knowledge necessary than obtained in the past. The weekly journal is now recognized as a necessity by physicians every where. The NEWS, being the

only weekly medical journal in the Southwest, occupies a wide field for usefulness, and it will be the earnest effort of its editors to make it more and more worthy the support and patronage it has so long received from the profession.

THE TROUBLES AT ANCHORAGE.

For a fortnight past the columns of the secular press of this city have been teeming with reports of serious and criminal outrages in the management of the Central Lunatic Asylum at Anchorage. The question of restraint in the management of the insane is one of great interest to physicians, and is the feature of scientific interest in the recent troubles at the Anchorage asylum. It is charged that the system of "ducking" has been practiced extensively at this institution by the attendants, and with fatal results in one instance. The charges have assumed the form of judicial investigation, and it is understood that the expert testimony before the grand jury was unconditionally opposed to such severe measures in the management of the insane. In the report of the grand jury indictments were found against certain employes of the asylum for assaults upon the inmates, which will be followed in due time by trial at the bar of the circuit court.

As relates to the superintendent and physicians of the asylum, after careful investigation the jury was unable to declare that they were neglectful of their duties or wanting in efforts for the comfort and restoration of those intrusted to their care. The

jury reported, however, that according to the expert testimony taken before them obsolete methods of treatment were in practice which should be abandoned.

The entire matter will doubtless be quite extensively discussed in the medical press of the country, and the most recent views of alienists on the question of restraint in the treatment of the insane placed before the profession.

UNDER the head of Correspondence will be found some reminiscences of the earlier days of the University of Louisville, from the pen of an eminent teacher and practitioner of surgery in a neighboring city. This letter will be read with genuine pleasure by all our readers, and will be of special interest to the older *alumni* of the University. We are pleased to state that the University perennially renews her youth, and the forty-sixth annual session has just opened with a very large class. The work inaugurated by "the giants," to whom our correspondent so graphically alludes, in 1837, is continued by those thoroughly appreciative of their trust.

WE beg to call the attention of physicians receiving this number of the NEWS to the commutation rates as given on the first page of the cover. The American Practitioner, a monthly medical journal second to none, and the LOUISVILLE MEDICAL NEWS are furnished for a year for five dollars.

MISCELLANY.

ALONE.—A distressing case of suicide, committed by a boy ten years of age while in his bedroom, to which he had been sent as a punishment, draws attention once again to a practice on which we have often commented adversely—namely, that of leaving children, young persons, and the weak or troubled in mind *alone*. The solitary state is abhorrent to the nature and mind of man. Whether the brain be immature in its development or morbid in its state, it is wrong in a scientific sense—that is, opposed to the

laws and teachings of physiological science—to leave it alone. The possibility—we will even concede the probability—of a subsidence of excitement is not a sufficient set-off against the dangers of a self-destructive intellectual activity. The mind always works to its own injury when it works alone. Reflection, introspection, and self-examination are essentially abnormal processes. The proper action of mind is on the outer world, or upon such conceptions of fact and object as may be readily corrected by present observation or experience. Abstract processes of thought are never safe for the young or the weakly and troubled in mind. Healthy activity, so far as these two conditions of mind are concerned, is directly relative. It is not good for man to be alone in any sense. We would therefore again protest against the recourse to solitary confinement as a punishment for children, and against "seclusion" in any form for the unsound of mind. The two methods of treatment stand upon the same footing, and they are both equally bad.
—*London Lancet*.

YELLOW FEVER.—This disease is prevailing with great severity at Pensacola. The report of the local board of health on the 1st instant gave the total number of cases to that date as seven hundred and eighty-three, with seventy-eight deaths, showing an alarming increase of cases during the last ten days. The board has one hundred and twenty paid nurses on duty in addition to the Sisters of Mercy. Material aid is being received from the National Board of Health and contributions have been made from various cities. The fever continues to prevail upon the Mexican side of the Rio Grande, but is subsiding at Brownsville and Matamoros. The disease has not made its appearance at this date in any other city of our southern coast, and rigid quarantine is relied upon for protection.

DR. JAS. H. LETCHER, of Henderson, Ky., and Miss Dora E. Ford, of Rome, Ga., were married in the latter city on the 4th instant. Dr. Letcher is one of the most popular physicians in the State, and a large circle of professional friends unite in good wishes for himself and his bride.

DR. T. G. RICHARDSON, of New Orleans, the distinguished Professor of Surgery in the University of Louisiana, and a former resident of Louisville, made a brief visit to relatives in this city during the past week.

BRIGHT'S DISEASE.—Attention has been called by M. Dieulafoy to some early and little-known symptoms of Bright's disease. The first is excessive frequency of micturition, not necessarily associated with an increased secretion of urine. He proposes to call this symptom *pollakiuria*. Another symptom is itching over the body resembling the burning sensation produced by the sting of ants. A third symptom is the sensation of a dead finger. The patient feels cramps and creeping sensations in the fingers, never in the toes. Sometimes only one finger is affected, at other times the corresponding fingers of both hands. The extremities of the affected fingers become pale and bloodless. These sensations appear and disappear.

THE Tri-States Medical Society held its annual session at Terre Haute, Ind., last week. The following officers were elected: President—Dr. William Porter, of St. Louis; Vice-presidents—Dr. Joseph Eastman, of Indianapolis, Dr. Jas. H. Letcher, of Henderson, Ky., and Dr. Chambers, of Illinois; Secretary—Dr. W. Burton, of Mitchell; Treasurer—Dr. F. N. Beard, of Vincennes, Ind.; Chairman of Committee of Arrangements—Dr. T. B. Hawey, of Indianapolis, Ind.

THE SEA-SIDE SANITARY HOTEL OF THE FUTURE.—Anxious guest to hall-boy: "Boy, where are the water-closets?" "Hain't got any, sir; they breeds fever. Boat goes down the harbor every morning; ladies at nine, gentlemen at ten." "Well, is dinner ready?" "No, sir. We always carbolize the dining-room before meals. Now they are spraying the waiters, sir." Impatiently: "Well, where is your ice-water?" "Don't have drinking-water now, sir; 'taint healthy. Yonder's our Labarraque mixture flavored to taste. Have a glass?" Guest retires and takes a thymolized julep.—*Medical Record*.

STATE BOARDS OF HEALTH.—Only nine States are now without a State board of health. These are the following: Florida, Kansas, Maine, Missouri, Nebraska, Nevada, Ohio, Pennsylvania, and Vermont.—*Dr. Gihon, in Amer. Med. Association*.

DR. MORRELL MACKENZIE, of London, the eminent throat-specialist, visited Louisville during the past week. He was entertained at luncheon on Thursday, at the Pendennis Club, by his friend Dr. William Cheatham, of this city.

Original.

HEPATIC ABSCESS (MULTIPLE).*

BY JOHN B. RICHARDSON, M.D.

Hepatic abscess may be the consequence of inflammation of either an acute or chronic character; this is a frequent result in tropical climates, very infrequent in temperate climates, such as ours, and when it *does* occur is a resultant of pyemic or metastatic inflammation of the liver, or is attributable to some intestinal disease, as a rule. Symptomatology is usually occult. Having pyemia as its cause, the abscess may form, and give rise to no symptoms observable by either patient or attendant which would attract attention to the organ involved. The symptoms of acute hepatitis resemble very closely those of acute congestion of the liver, only more exaggerated; thus there will be more marked irritability of the stomach, greater thirst, more frequent pulse and higher temperature, cough of hacking character, but "dry," albuminous urine, splenic enlargement, with dull, distending pain in right hypochondriac region. Icterus is not very manifest, and may be absent altogether, especially during the earlier history of the affection. Tenderness upon pressure will not be easily produced, unless the peritoneal covering of the organ be involved. Should this inflammatory process end in suppuration, we will probably have rigors, which will be succeeded by night-sweats and exaltation of fever-heat, the fever closely simulating the fever of quotidian or tertian intermittent, or it may be the analogy will not be very perceptible, the attendant fever more closely resembling typhoid fever, with its evening exacerbation, though the thermometer scale is not climbed so rapidly or so regularly; indeed, the temperature oscillates at times very irregularly. Local symptoms may or may not be present, the region of the liver may or may not be more prominent than normal. You may be able to elicit expressions of tenderness upon pressure, or discover indications of fluctuation, the latter depending upon the situation of the abscess as to its superficial or more deeply placed position in the liver substance; tenderness, local or general, obtains in only a limited proportion of these cases. Hand in hand with tenderness we find pain of a throbbing character, which will be reflected

* Read before the Louisville Medico-Chirurgical Society, September 29, 1882.

to the right shoulder, or beneath or below the right scapula, possibly associated with pain in the "small of the back"—a feeling of distension, as though the organ was "a world too wide" to be comfortably contained within its surroundings. It is asserted by some writers that the pain transmitted to the right shoulder is indicative of involvement of the convex portion of the *right* hepatic lobe. Added to this feeling of weight and distension you may observe muscular tension, more particularly of the rectus abdominis muscle—a symptom of value in those cases where it is present.

Although a diagnosis of this affection is at times of extreme difficulty, and in some cases impossible, in its *earlier* stages there can be no difficulty of an insurmountable nature in a case so plain as the one I am about to report. So evident was it, that the subject himself observed the local swelling and protusion in the epigastric region—not, however, appreciating its seriousness or nature—at the end of the third week from the beginning of his indisposition. It is true, there are diseases which closely resemble hepatic abscess, for instance, *hydatid cysts* in substance of the liver, containing echinococci; in this disease we do not, as a rule, have the fever, disturbance of the functions of nutrition, or the pain, unless suppuration occurs within the cyst-wall.

In *cancerous* degenerations of the liver, the histories of the two diseases are not similar; upon palpation or handling you meet with hard, nodular masses, and there is absence of the evidences of fluctuation. In rapidly developing medullary cancer, fluctuation—not very evident—is sometimes discernable, still in conjunction the nodular masses are present; but the marked febrile or constitutional symptoms do not obtain. The only affection with which there is great danger of being misled is distension of the gall-bladder, resulting from either closure of the cystic or common duct, or from inflammation of the gall-bladder, eventuating in a closure of its ducts with great distension of this organ, forming a large tumor, which is tender upon pressure and yields fluctuation as a symptom, and is therefore very liable to mislead even the most painstaking and wary diagnostician; however, recalling the location of the gall-bladder, its pear-shape, its mobility—no adhesions connecting it to its surroundings—and the fact of its never having felt hard or node-like, or yielded at any stage that feeling of inflammatory or congested hardness

even, local redness or edema never having presented themselves; further, in all probability you will have in many cases, prior to appearance of distended gall-bladder, symptoms which point you to either the passage of biliary calculi, or ordinary bilious fever. Recall the fact that in the major number of cases of any affection of the gall-bladder, especially if the ductus communis choledochus be involved, you will most probably have well-defined icterus; in abscess of the liver, to the contrary, jaundice as a symptom is more frequently *absent* than present.

Again, hepatic abscess may be confounded with pleuritic effusion. Any disease which produces enlargement of the liver will cause this organ to descend into the abdominal cavity, or it may *ascend* even as high as the fourth rib, and thus crowd upward the lung, yielding many of the physical signs of an effusion into the pleural cavity. But here the surest test in forming your conclusion will be that during full inspiration and expiration the line of dullness descends and ascends, whilst the line of dull or flat sound upon percussion over a pleuritic effusion is not changed by these acts on part of patient. There is one state of affairs where this test will fail, namely, where adhesions hold the liver firmly to the abdominal walls. Again, the dullness of an enlarged liver extends up farther in front than behind, which is the converse in the case of pleuritic effusion. Should the contents of an abscess of the liver be discharged into the cavity of the pleura, symptoms indicating pleuritic effusion, will necessarily arise subsequently to those due to hepatic abscess. Thus it will be observed, though we may not have the advantage of signs of fluctuation, or a bulging of the tissues overlying the abscess of the liver, still, by a careful consideration of all the conditions present, together with a minute history of the case, we are generally enabled to make a reasonably safe diagnosis by "exclusion."

Murchison, in his work on diseases of the liver, divides abscesses of this organ into "pyemic" and "tropical." He enumerates the symptoms of the former as follows: "*Moderate* enlargement of liver usually, sometimes so great that lower margin reaches the umbilicus. This enlargement is uniform in every direction and does not produce bulging of the ribs. No fluctuation is felt, as abscesses are rarely large enough to admit of this. Pain and tenderness are always present. Jaundice is present in fully four-

fifths of cases. These pyemic abscesses rarely interfere with portal circulation. Constitutional symptoms are important in the diagnosis, mainly those of fever, at first hectic and ultimately typhoid in its type. Rigors afford assistance in diagnosis, but are not a necessary symptom. These recur at first with such regularity as to simulate ague. But rigors and fevers may result from passage of gall-stone. Temperature may be normal, but at times may reach 104° to 106° F.; in rare cases there appears to be no elevation of temperature, attributable, perhaps, to paroxysms of fever being so short as to escape detection. Profuse perspirations during sleep more frequently present than rigors. Daily emaciation and prostration, and frequently vomiting, and attacks of diarrhea. As disease progresses, typhoid symptoms appear, such as dry, brown tongue, restlessness, delirium, involuntary evacuations, etc. Course of disease usually rapid, from two to three weeks to three months." Murchison further says: "Diagnosis helped by keeping in view the circumstances under which disease usually occurs, viz., External injuries and surgical operations, ulceration of stomach or intestine, ulceration of gall-bladder or bile-ducts, or a suppurating hydatid cyst, may be the starting point of abscesses of the liver," etc.

Among the *surgical* aids to diagnosis, most reliance is to be placed upon the use of the probe, for the depth to which it can be introduced, the direction which it takes, and the impression which it makes upon the fingers employed, by the tissues it comes in contact with, yield us so many facts upon which to arrive at a proper conclusion. The information given us by the employment of the microscope is not to be forgotten; a specimen of the contents of the abscess being obtained by the introduction of the needle of your hypodermic syringe, may be the cause of dispelling all doubt formerly entertained—thus confirming positively the diagnosis.

Prognosis, even when the abscess is discharged in the most desirable direction, is unfavorable. Frerichs, as quoted by Flint, says of two hundred and three cases collected by Rouis, one hundred and sixty-two terminated fatally, thirty-nine completely recovered, and two imperfectly. This embraced cases in which the discharge was into the peritoneal cavity, and in other directions, as well as those most favorable. When complicated with dysentery the chances of recovery are of course greatly diminished.

Rouis mentions nineteen cases uncomplicated with dysentery, in fourteen of which recovery took place; viz., four of five cases in which discharge took place through abdominal and thoracic walls, six of eight in which discharge was through bronchial tubes, four of five cases in which discharge was into alimentary canal. Of fifty-nine cases complicated with dysentery, in twenty-five recovery took place; viz., thirteen of twenty-nine in which evacuation was through abdominal walls, nine of twenty-two in which discharge was through bronchial tubes, and three of eight in which discharge was into alimentary canal. In fine, of uncomplicated cases sixty per cent recovered, of *complicated* cases only twenty-nine per cent recovered. Where more than one abscess exists, the chances of recovery are very greatly diminished.

CASE.—On March 14, 1882, I was requested to see B., an indefatigable worker; had enjoyed perfect health up to January 1, 1882, at which date he had fever, and feeling of general malaise. I had been his family physician for a number of years, and had never been called to see *him* on but one occasion, and that for a slight attack caused by overwork, from which he recovered in a short time. The patient, knowing my own serious illness and inability to see him, and considering his attack of little importance, so he related to me, placed himself in the hands of a homeopathic practitioner on January 9, 1882, who diagnosed his case as one of typhoid fever.

Upon my first visit I saw him at his office leisurely at work, and upon superficial examination found his pulse-rate 100, and weak; temperature in axilla, 100° F. Advised him to go home at once and cease from work, promising to see him in the afternoon. He informed me that at the end of the third week of his illness he had discovered an enlargement immediately over epigastric region, which had disappeared in ten days or two weeks after its first appearance. Upon a critical examination I found dullness over region of liver upon percussion, extending below margin of ribs one to one and a half inches, as also to the left of median line in the epigastric region, deep pressure over latter causing pain. This enlargement over epigastrium had disappeared, he told me, but it was very evident to both touch and sight upon this, my first careful examination. Very slight if any enlargement of superficial veins over swelling. Pain of dead, heavy and continuous character, not unbearable, but yet sufficiently decided

to make him uneasy, any pressure of clothes so increasing it that he wore his pants and vest partly unbuttoned. He complained of reflected pains in right sub-scapular region, as also in small of back. The patient was quite fleshy at this date, which prevented introducing the fingers back and under the ribs, in the region of lower border of ribs. I believed I got fluctuation (very deep) on palpation. My diagnosis was abscess of liver. I ascribed the partial and temporary disappearance of enlargement to patient's eye—to pressure backward and upward of contents of abscess, causing displacement of stomach, liver, and colon (transverse); and, as contents increased, the limit to displacement of these organs had been reached, and therefore we had bulging forward reappear. I asked him if he had chart of his temperature during his attack? He replied, "No; my attendant never used a thermometer at any time during his service upon me." Circumstances precluding my having this great advantage in diagnosis of case, I reasoned his fever had never been of typhoid type, but merely an attendant or concomitant fever due to liver trouble. Appreciating the seriousness of his case originally, and my patient, suffering from the consequences of a mistaken diagnosis and neglect of proper treatment, was greatly exhausted, I asked for counsel; he very promptly acquiesced, and wished Dr. J. A. Ochterlony. Upon meeting Dr. O. I gave him the history of the case as I received it from patient, but did not express any opinion of my own. On a painstaking and careful examination of the case the Doctor indorsed my diagnosis, and we agreed the line of treatment should be quietude of mind, limited exercise, good diet (small quantities often repeated), with stimulation, and the application of mercurial plaster over enlargement; if no good result showed itself soon, aspirate the tumor. Alvine dejections were regular and of good color and consistence, the liver substance not involved in destructive process performing well its function; appetite not good; patient, however, sleeps pretty well.

March 16th we concluded it advisable to aspirate the tumor, but patient desired we should postpone it for a few days, as he was very weak. Continued "building-up" and stimulating measures as above mentioned till April 1st, patient growing stronger, temperature declining at times to normal. A diarrheal (slight) discharge set in about this date, which was easily controlled, and attributed to slight indigestion. On this date I in-

troduced the very small needle of my hypodermic syringe and obtained two or three drops of contents of abscess, which, under microscope, plainly revealed pus cells and broken-down liver tissue, thus confirming the correctness of our diagnosis. In afternoon aspirated, and drew away into receptacle nine and a half ounces of pus and partially broken-down liver-substance, which at once relieved slight dyspnea caused by distension of walls of abscess, and also enabled patient to sleep in his favorite position, on his back, which he had not been able to do for a week or ten days prior to aspiration.

April 3d, afternoon, fifty-three hours after first aspiration, the sac had become re-distended, necessitating its second evacuation, at which time I got five ounces of pus, patient expressing himself very much relieved. During interval of five days following the last operation patient gained strength, eating very well, and had refreshing sleep, and exercised by walking, when pleasant, near his residence—riding jolted him and gave great pain. April 8th, had to aspirate again, getting six and a half ounces of pus, which added greatly to patient's comfort. April 10th, got four and a half ounces by aspiration; 11th, three ounces; 13th and 14th, about same amount; 19th, aspirated, and after doing so enlarged opening with pointed bistoury sufficiently to allow introduction of small nozzle of an ordinary Davidson's syringe, with which instrument washed out the sac of abscess with solution of permanganate of potash twice daily, this often proving sufficient to annul odor and keep parts clean.

After this date I had aspirator needle cut off square at end, as patient would complain of the sharp point sticking posterior wall of abscess when it had been nearly evacuated, the said wall being pressed forward by viscera back of it. (In passing, allow me to suggest it would be advisable for all aspirator boxes to contain a medium-sized needle, without sharp point, to be introduced instead of sharp-pointed one after second or third "aspiration," if required.) I now substituted for aspirator needle a Nèlaton soft catheter of proper size to attach to aspirator, finding it could be more easily and painlessly introduced and made to dip down to bottom of sac, and thus enable me to more perfectly evacuate abscess. We tried faithfully the gum tubing with slots cut in sides, but they did not act well, becoming stopped up and the pus exuding by the side of them.

After April 20th the sac filled so rapidly, and patient having increase of pulse-rate and elevation of temperature, made us fear re-absorption of contents of sac into general circulation; washed out sac thrice daily and made solution of iodine stronger with which we had been stimulating walls of sac, after thorough washing out had been accomplished; the relation of cause and effect between failure to wash out sac three times daily and increase of temperature and pulse-rate were very palpable. All the alvine dejections had been watched closely for the appearance of pus, and about this date (April 20th) a large quantity of pus and blood were observed, which discharge by the bowels did not at all lessen amount of discharge from opening in anterior wall of abdomen, thus proving conclusively there was more than *one* abscess in substance of liver. By introducing probe properly curved, it could be passed up in front of sternum bone for some inches, the overlying soft parts being all of those between anterior face of sternum and integument. We had at no time any of the symptoms of peritonitis.

Up to within one week before death, patient held up physically with a wonderful degree of endurance and was cheerful and hopeful beyond any one I ever saw, and said to me on several occasions: "The ground of my hope for recovery lies in the fact that my spirits have never flagged." With the occurrence of discharge of pus and blood per anum, diarrhea and dysentery appeared, which rapidly exhausted our patient, being only partially controllable by opiates per orum and anum.

A very singular feature in this case was the slight degree of pain experienced, our patient remarking to me twenty-four hours before his demise (which took place April 30th, 12 P.M.): "Doctor, I am not sick, I am only extremely weak," meaning thereby, My suffering all along has not been great; if I only had physical strength I could get up this moment and go to my usual work. Two hours before dissolution he still said: "I am in no pain, only so weak." Intellect perfectly clear, voice good and strong, considering his exhaustion. One hour before death he said to me: "I am so very sleepy." I told him to go to sleep, first giving him a stimulant containing carbonate of ammonia and whisky, and afterward (as well as before) tinct. belladonnæ. After the last stimulant was exhibited, my patient went to that sleep

from which there is no waking, suffering no pain, uttering, as he never had, any complaint.

Divesting myself of all prejudice against all forms of charlatanry, I am forced, from all the facts in this case—the patient's unusual physical strength and development, his bravery in meeting all obstacles, assured in the end of overcoming them, his patience in suffering, never complaining or yielding a step—to believe that, had the proper diagnosis been made, even as late as the third week of the patient's attack, viz., January 30, 1882 (at which date *the patient himself* noticed an enlargement in the epigastric region), had the abscess been "aspirated," and kept cleansed and disinfected, the patient placed on a general supportive and stimulating line of treatment, I can not understand why he should not have recovered and be yet acting the part of a useful and prominent member of society.

LOUISVILLE.

Correspondence.

Dear Dr. McMurtry:

You must let me congratulate you on your position in the old University. I attended my first course in that venerable institution when hundreds of students, gathered from all portions of the country, crowded the benches. "There were giants in those days." Drake taught medicine; Gross gave us surgery; Charles Caldwell lectured on phrenology and mesmerism, with occasional reference to physiology; Miller quoted from Madam Boivin so often that we called him "old Madam, the French mother." The elder Yandell revelled in the poetry of chemistry, and Charles Short, with manuscript prepared years before, told us with great care how many petals and stamens were found on each medicinal plant, while Cobb in terse and classic style led us to, and bade us love, the cadaver.

I should like to witness the first faculty meeting on the other side. They are only waiting for Prof. Gross to make the reunion complete. I imagine I can hear the punctual Drake often exclaim: "How late he is." When Gross does reach that unseen country, he will occupy the first hour, under a suspension of the rules, telling his old associates how often he changed colleagues, and that the changes in this respect are insignificant when compared with the "dissolving views" which have obtained in the sci-

ence and practice of surgery, and in medicine too. I predict that Short will be anxious to know if botanical gardens have been attached to all medical colleges in order that students may familiarize themselves with the structure of the plants found on the shelves of druggists and forcibly referred to in works on therapy. Gross will be compelled to admit that Jefferson, though in the van, has not established a nursery for medicinal plants; that medical students have grown more and more careless concerning the calyx and corolla; that the best of them are unable to tell whether ipecac has ten or forty stamens, and they are desirous only of knowing when and in what doses to administer the remedy. When asked directly, the great surgeon will be forced to admit that he is convinced that physicians may skillfully and successfully administer the most potent remedial agents while ignorant as to whether or not the stamens are included in the corolla. When Short recalls the familiar page of his notes, reading thus: "*Helleborus Niger*: No. of petals, five; no calyx found in specimens gathered from Spain to Italy and from Greece to Switzerland," he will exclaim: "Such degeneracy is painful to contemplate. Surely they must learn the nature and habitat of a plant before comprehending its therapeutic action."

How Daniel Drake's great soul will expand when he hears that physicians have at last begun the study of epidemiology, and that they look to his great work on diseases of the Mississippi Valley for facts, and for the method of studying the zymotic affections. But what will the erudite and graceful Yandell say when he hears that they no longer study imponderables, and that they only work in the laboratory, where with reagents, tests and the microscope they are anxious only to learn what a patient is excreting and secreting? Recalling the later years of his life here, he will scarcely be surprised to learn that the teacher of chemistry now never tells his class how cold it would be without heat, how dark without light, and how universal electricity may be. Prof. Gross will have to tell how the modern teacher of chemistry presents to the students things offensive to smell, and to the sight often disagreeable; that realism is every where, and instead of charming his listeners with beautiful thoughts in the exquisite language for which my old professor was famous, the teacher of chemistry has only a laboratory, with several assistants; that the

student no longer walks amid the stars, but wrestles with retorts and reagents.

Let me tell you just here, my dear doctor, that some of the most beautiful and instructive thoughts I have ever heard in the course of an eventful life were uttered by Prof. Yandell in the days of auld lang syne.

On earth the tall majestic form of Charles Caldwell was conspicuous in every gathering of the old faculty. He will wish to inquire of Prof. Gross about his friends, Fowler and Wells, who made phrenological models to be used by lecturers. When the surgeon tells him he has not heard of those men in twenty years, the ex-professor of physiology will arise and say: "I wish you good morning, Prof. Gross." The phrenological soul of the ex-professor of physiology will be made sorrowful even in the holy city at such a picture. As with stately mien he presses the golden bricks of the New Jerusalem, he will say to himself: "No progress; no advance; no character-reading; can these things be—and what must be the result!"

I will allow you, my dear doctor, to complete the discussion "under a suspension of the rules." I doubt not inquiries will be made as to the success of "Cook's pills;" and Flint will be pained to learn that his edition of Druitt's Surgery has long since been dropped from the list of text-books. While scratching down these fancies they have grown almost real, and I see again the earnest lecturer amid the crowded benches, and hear once more those noble friends who long ago were ferried over the river by the son of Erebus. Truly, Prof. Gross will astonish them and have some strange things to relate. Idols will be broken at that first meeting of the old faculty on the other side. Who knows but that I may be an invited guest at that re-union, maybe on the reception committee?

With many good wishes, your friend

* * *

PARIS has a commission for regulating the height of buildings, which are graded to correspond to the width of the street on which they front. Houses may be forty feet high upon streets twenty-five feet wide. In no case are they permitted to be over sixty-five feet high, and only then when the streets are sixty-five feet wide, or wider.

"WHAT is the action of disinfectants?" was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.

Reviews.

A Pocket-Book of Physical Diagnosis. FOR THE USE OF STUDENTS AND PHYSICIANS. By DR. EDWARD T. BRUEN, one of the Physicians to the Philadelphia Hospital, and Dispensary of the Children's Hospital. Demonstrator of Clinical Medicine, and Lecturer on the Pathology of the Urine in the University of Pennsylvania, etc. One Vol., pp. 256. Philadelphia: Presley Blakiston. 1881.

This volume belongs to that very numerous class of books whose existence is no evidence that they are needed. They appear, not because the author has any thing new and valuable to say, nor even because he can present what is already known in a clearer, stronger, and more attractive way than other writers have done. Their *raison d'être* seems to be simply the author's intense desire to be known as the writer of a book. On the title-page it is announced that this is a hand-book on "Physical Diagnosis." It might with equal propriety have been called a hand-book on pathology, etiology, or symptomatology. All these subjects are touched upon and mixed up in a very unsatisfactory way.

The slender dimensions of the book render it barely possible to furnish an exposé of Physical Diagnosis, even if every page had been devoted to that subject alone. On perusing this volume, one is reminded of the answer of the old deacon when asked by the minister how he liked his sermon. "Oh," he said, "it was good enough, what there was of it." "How!" exclaimed the minister, "was it not long enough?" "Well, yes," quoth the deacon, "there was enough of it, such as it was."

In comparison with the works of Walsh, Flint, Loomis, and Guttman, Dr. Bruen's book appears like a tallow candle when placed in the full radiance of the noonday sun. It appears to great disadvantage when compared even with the lesser works of Delafield and Clapp. It is the worst book on the subject which any author has written, and must have been inflicted upon the medical public for their various professional sins of omission and commission. The description of physical signs are neither clear nor concise, and occasionally the author punishes his reader with rambling dissertations rather out of place in a work professedly on physical diagnosis. He evinces knowledge of his art, but the gift of imparting this knowledge in an impressive and pleasing manner appears to have been denied

him. Perhaps he has had the same misfortune as the Duke of Orleans (the regent). It was said of him that at his birth, the good fairies having bestowed on him every talent and virtue, another fairy, coming late, became vexed to find so many good qualities lavished upon a single mortal, and decreed that he should never be able to make use of a single one.

This much is certain: Dr. Bruen writes very bad English, and it is to be hoped he will give some time and attention to English grammar and composition ere he again undertakes to write a book. J. A. O.

The Anatomist: BEING A COMPLETE DESCRIPTION OF THE ANATOMY OF THE HUMAN BODY, ETC. By M. W. HILLES, formerly Lecturer on Anatomy and Physiology at the Westminster Hospital School of Medicine, etc. Second edition. New York: G. P. Putnam's Sons. 1881.

This book belongs to that class of works known as pocket-manuals, and was originally intended for students preparing for the examinations of the Royal College of Surgeons, and other medical bodies. In this second edition it is somewhat enlarged, and has received the addition of a number of wood cuts. It is still, however, a *compendium*, and partakes more of the style and nature of notes on anatomy than of a text-book. Such works are not in favor in America, from the fact that teachers of anatomy in this country endeavor to teach that important fundamental branch of medical science so that the knowledge acquired may be utilized practically rather than in passing the ordeal of the examination-room. Such works as the one before us describe no parts in detail, but are intended solely to aid in *memorizing* the minutiae of descriptive anatomy. This book would be almost useless as a guide in the dissecting-room, where genuine practical knowledge is acquired, or as a reference-book in the hands of a practitioner desiring to "look up" some special anatomical point with reference to its surgical relations. It would doubtless be serviceable to the student as "a reminder" while waiting for the quiz or the lecture, but even for this purpose it is not comparable with Gray.

The most serious objection to this and similar works on anatomy as a guide to students is the total absence of emphasis. For example, we find almost as much space and detailed description devoted to the longissimus dorsi muscle as to the femoral artery and its relations.

The illustrations are numerous, and are superior to those found in small works of this class. The paper, binding, and typography, are in the usual excellent style of the Putnams. McM.

Translations.

[For the News, by JOHN A. OCTERLONY, M.D.]

A CASE OF RAPID CANCER OF THE STOMACH AND LIVER.—By F. Warfringe and C. Wallis. *Nord; Med. Arch.*, 1882.

The patient, a type-setter by trade, was admitted to the hospital August 26, 1881, with marked symptoms of saturnine poisoning, and was discharged on the 14th of August, same year. For several weeks after leaving the hospital he was considerably improved; he continued to feel quite well for several weeks, when gastric symptoms developed. One month later he was again admitted to the hospital. The diagnosis of gastric cancer could now be made out, and the liver was found to be enormously enlarged. During his former stay in the hospital this organ was not at all augmented in size. He declined rapidly in strength, there was general cachexia, and death occurred after a week and a half.

The autopsy showed a large cancerous ulcer, involving the lesser curvature and the posterior wall of the stomach, with cancerous infiltration of the walls. The cancerous tumor extended nearly to the pylorus. The enormously enlarged liver contained metastatic masses of cancer. Owing to the situation of the neoplasm in the stomach, it might have been latent for some time. But the hepatic enlargement, which was clinically demonstrated to have been of quite recent origin, certainly ran a remarkably rapid course, and was evidently metastatic.

RUPTURE OF AORTIC ANEURISM.—By W. Ekekrantz, *Swenska Läkare Sällskapets Förhandlingar*, p. 348:

The patient had been admitted to the marine hospital, for a light pneumonia, on the 18th of November. This improved, but on the 24th of the same month he died of violent hemorrhage from the lungs. The autopsy showed the cause of death to have been an aneurism of the aorta, which had perforated a bronchial tube and ruptured. A large quantity of blood was found in the trachea and in two bronchi. In the left lung, in a bronchial tube of the second mag-

nitude, and four and a half to five centimeters from the bifurcation of the trachea, were several perforations of the wall of the size of a hemp-seed. Through these a probe entered directly the aneurismal sac. The aneurism was given off immediately above the "sinus of Valsalva." It involved the arch and also the descending aorta. In this latter part the aneurism presented two circumscribed prominences, one of which had eroded a dorsal vertebra; the other had eroded the bronchial tube already mentioned, and then ruptured, causing the fatal hemorrhage. No trace of syphilis could be discerned at the autopsy.

A CASE OF CONGENITAL ATRESIA OF THE OS EXTERNUM AND HEMATOMETRA IN THE LEFT HALF OF A DOUBLE UTERUS.—By A. Lödemark, *Hygiea*, 1882:

The patient was twenty years of age, and had menstruated since her seventeenth year. About six months before admission she began to have pain in the abdomen, which gradually increased, especially during her menstrual period. On examination a somewhat irregular fluctuating tumor was found occupying the upper part of the pelvis, depressing the fornix vaginæ. It lay to the left of the uterus, which latter seemed to be virginal and normal. By an exploratory puncture thick, tar-like blood was withdrawn. An incision sufficiently large to admit the introduction of the finger was then made through the vagina. Antiseptic measures were resorted to, and the case progressed almost without fever. The opening gradually contracted to such a degree that the discharge from this half of the uterus ceased. After some months it became necessary to resort to dilatation and the use of injections with five-per-cent carbolic-acid solutions. Perfect recovery ensued.

Selections.

The following remarkable case is reported by Dr. J. Marion Sims, of New York, in a recent number of the *British Medical Journal*. The numerous friends of Dr. Beverly Cole, of California, as well as our readers generally, will read with interest the report of the remarkable escape of this distinguished physician:

The records of military surgery (according to Otis), from its earliest period to the present time, furnish but six or seven well-authenticated cases of recovery from shot wounds of the stomach, with or without fistule. To this list must now be added an-

other. It is the case of the distinguished gynecologist, Dr. R. Beverly Cole, of San Francisco. I have just received a letter from him, dated London, January 17, 1882, detailing the following particulars:

Dr. Beverly Cole, at the age of twenty-five, resided in San Francisco, where he had suffered from repeated attacks of intermittent fever. When just recovering from one of these, he left his house, on June 3, 1854, without taking breakfast; his stomach was therefore empty. While in the act of packing his trunk, preparatory to making a visit to the country, a Colt's six-inch revolver (old pattern) fell from his inside breast coat pocket; the body being bent over the trunk at the time, and the hammer of the pistol striking the edge of the trunk as it fell, the cap was exploded, and the ball entered the breast, the muzzle not being more than eight inches from the body. He did not fall, but, raising himself up he tore open his vest and shirt, and saw that he was wounded. Syncope occurring, a friend caught and laid him on a sofa near by. When consciousness returned he found himself surrounded by a number of his medical friends, among whom were Drs. C. S. Tripler and H. S. Hewitt, of the United States Army, and Drs. Valentine Mott, jr., A. B. Stout, and Charles Bertody. He was totally blind, but recognized them all by their voices. He heard Dr. Tripler say, "Never mind the ball; it can be sought for at any future time. We must first bring about reaction." Soon after this he was suddenly seized with an indescribable pressure in the rectum, and a desire to defecate. Morphine was administered, sinapisms were applied to the extremities, and ammonia was given in very minute quantities—minute, for fear of its escaping through the gastric wound into the peritoneal cavity. As reaction came on, the sensation in the rectum increased till he vomited nearly a wash-hand bowlful of blood, black and partially coagulated. It was estimated by the attending physicians to be from a quart to half a gallon or more. This gave some relief. But the rectal pain and tenesmus were not completely relieved till he was brought fully under the influence of morphine. As he lay on his back his clothing was all cut away, without turning him on either side, and he was then placed in bed.

The collapse was very complete, and several hours elapsed before reaction was fully established. During all this time he could not see; but from the conversation of the surgeons and from the frequency with which they examined the cardiac region, he inferred that death was imminent. The sinapisms were forgotten, and were not removed for four or five hours, and they produced sloughing ulcers, which were nearly twelve months in healing. When reaction was fully established, Dr. Tripler passed the end of the little finger along the track of the ball, through the conjoined cartilages of the seventh and eighth ribs, an inch and a half to the left of the median line of the ensiform cartilage. He then passed a probe along it into the stomach. The lodgment of the ball was not discovered for two weeks or more later. It was then found between the eleventh and twelfth ribs, on the back, two inches to the left of the median line. This showed that the course of the ball was directly through the body, the difference between the parallels of entrance and exit being due to the difference between the bent and the erect posture.

For three weeks he was nourished by the rectum. Beef tea was thus given every three hours; at first one ounce, then two, then three, and finally four

ounces. During this time a small quantity of beef tea was given by the mouth, but it produced such severe pain as it entered the stomach that it was not soon repeated. Small lumps of ice were allowed to quench the thirst produced by the morphia, which was given in half-grain doses three or four times a day, or whenever needed. On the twenty-first day he was removed to his own home. He then began to suffer from severe paroxysms of pain in the back, which were so intense as to obstruct respiration. They continued without abatement for three weeks. Dr. Tripler then removed the ball, and they ceased. He was confined to bed six weeks. When he got up it was discovered that the left shoulder was lower than the right, the result of a constrained position while in bed; and there was a dragging sensation in the gastric region not only disagreeable but quite painful, as if the stomach had formed unnatural adhesions. On account of these disabilities, he was compelled to go on crutches for two years before his body attained its natural erect manner of carriage.

The posterior wound closed in a few days after the removal of the ball; but the anterior wound did not close for four years, which was doubtless due to the injury of the cartilages, which are always tardy in reparation. For many years an ordinarily hearty meal (in consequence of adhesions between the stomach and contiguous parts) produced a dragging, uneasy sensation, which rendered life very uncomfortable.

Recovery was eventually complete; and no one now would suspect that he had ever been the subject of such a serious accident. A peculiar feature of the case was total loss of vision for three days, during which time he could not distinguish daylight. There can be no doubt that the ball in this case perforated the stomach. The large quantity of blood vomited soon after the wounding establishes the diagnosis beyond question. From the point of entrance and direction of the ball it must have passed through the stomach, below the lesser curvature. As the ball was very small, the wound of the stomach was likewise very small; hence there was less probability of gastric effusion than if the ball had been larger. But recovery was chiefly due to the fact that the stomach was quite empty at the time of the accident. If it had been even partially full there would have been effusion into the peritoneal cavity, followed by certain death.

The history of Dr. Beverly Cole's case was published in the *Detroit Medical Journal*, in 1855 or 1856, by Dr. C. S. Tripler, United States Army. But as Dr. Otis insinuated, in a note to the *Surgical History of the War* (Part II, "Surgery"), that the case was not incontestably one of the stomach, I place it on record here, that others may judge for themselves.

Concealed Hemorrhage.—A case of accidental concealed hemorrhage was presented to the Dublin Obstetrical Society by Dr. Horne at the session of March 4, 1882. The patient was thirty-four years of age, had always been healthy, and was pregnant with her seventh child. Her previous labor had been normal. She had aborted at the third month between the fourth and sixth pregnancies. She entered the externe maternity of the Rotunda Hospital, November 11, 1881, and was pale and weak, with a quick, small pulse and moist skin, and was suffering from pain in the back, which also extended down both groins. The previous evening she had lifted a heavy piece of furniture. During

the night she awoke with a feeling of weakness, and with pain in her back. Quickening had occurred at four and a half months, and fetal movements had been active the day previous to her admission. Upon examination, the cervix was found to be high and soft, the external os was patulous, the internal os was closed. No presentation could be felt, but a soft tumor filled the anterior cul-de-sac. A sound was passed into the uterus to the depth of nine inches, but no membranes were ruptured, nor could a fetus be felt. Examined externally, the uterus was found to be rotund, tense, and lying almost entirely to the patient's right side. No fetal parts could be felt; no sounds could be heard. By advice of Dr. Atthill the vagina was plugged with carbolized cotton, and ergot was given internally. The next day the patient felt better. A small quantity of bloody serum followed the removal of the tampon. The os was closed. The following day there were present pain, nausea, and vomiting. Labor-pains of a slight nature came on, the membranes ruptured, and in a few minutes a dead female child was born, the placenta following almost immediately. Pressure upon the fundus uteri expelled a large blood-clot. The patient made a slow but good recovery.

This accident is quite rare, Dr. Braxton Hicks having collected twenty-three cases in 1860. Ten additional ones were reported by Dr. Burton in 1875. The author had found four others recorded since then. Twenty-three mothers had died, and all the children had been still-born. Spiegelberg reports one hundred and ten cases collected by Goodell and Hennig, in which fifty-six mothers had died and all but seven of the children. The symptoms are general and local. The former are those which are well known in such accidents, without any external discharge, and the complete absence of true labor-pain. The latter are, continuous stretching pain over the abdomen, pain on pressing any portion of the uterus, and continuous tense feeling of the membranes. In the diagnosis the condition is to be differentiated from rupture of the uterus, or other abdominal viscus, and fainting.

As to treatment, the author asked whether the membranes should be ruptured, and, this being ineffective, whether delivery should be accomplished either by turning, by the forceps, or by other means; or, as the other alternative, whether one should procrastinate, in the hope that the coagula in the uterus would prevent further hemorrhage, remembering, too, that the uterus is in a state of tonic contraction.

The case excited the greatest interest. Dr. Kidd was in favor of rupturing the membranes, then dilating the os uteri and delivering as rapidly as possible. Dr. Denham agreed with Dr. Kidd, and thought the fingers the most efficient dilators. Dr. Atthill advocated the moderately slow excitation of uterine action, as less likely to be followed by hemorrhage post partum, and preferred to take the chances of stopping the internal hemorrhage by the employment of such means as were used by the author. Dr. Macan agreed with Dr. Atthill, favoring the tampon to increase the intra-uterine tension. Dr. Doyle favored rupturing the membranes with multiparæ, since the over-distension of the organ paralyzed the muscular fibers. With primiparæ he would wait until uterine pains came on. Dr. Dill remarked that, since the patients were usually suffering from shock and collapse, nothing should be done which could add to that condition.—*Society Proceedings.*

The General Practitioner.—We extract the following from the students' number of the *Lancet*:

There is one fact that the student should always bear in mind—that the great bulk of his duty in after-life will have reference to cases and conditions that can not be considered heroic or sensational, but which are the chief care of general practice, as they constitute the bulk of human trouble. In regard to this great point we should say these two things: First, no case of disease, or feature of disease, should be despised for its commonness; and, secondly, that the more specific and definite the knowledge that can be gathered by a student on the common cases and facts of disease, the better practitioner will he turn out in the end. Nine students out of ten are destined not to be specialists. General practice is to be their field of labor, and there is no better field for usefulness and even for distinction. No man is more valued in a community than the man who is helpful and wise and kind in all the emergencies of disease, from a toothache to a puerperal pyrexia. But though most students are to be general practitioners, their ultimate efficiency and success will depend very much on the amount of special knowledge which they can bring into general practice. Where one practitioner must be always sending his patients off to a specialist, another will be special enough in his knowledge to save his own credit and his patients' time and money.

In order that the student may thus develop the greatest efficiency and credit as a practitioner, he must, after gaining a substantial knowledge of anatomy and physiology—without which all practice is a sort of quackery—take the best opportunities of seeing common diseases and bring to its study unremitting attention. A cough, a rigor, a urinary deposit, a temperature in slight excess of the normal, a rash on the skin, the peevishness of a teething child, and remedies which a good practitioner uses in such cases, must have as much interest for him as a strangulated hernia, a glaucoma, or a case of myxedema. Happy the student who accepts gratefully and yet with independence and even critical intelligence the best teaching of the best practitioners, whether general or special. Medical practice to him will be a joy rather than a care, and if he be occasionally in trouble, like other men, it will not be that greatest of all troubles, conscious incapacity for common duties born of inattention to common cases and common, though passing, opportunities of education. His destination may be to practice in a remote hamlet or the distant colony of an extended empire. On an emergency he may find himself confronted in such a solitude, and at midnight, with a case of ineffectual labor, or the still more trying one of retention of urine, and in the happy and timely use of his forceps or his catheter in the relief of an agonized patient, and in his own consciousness of serviceableness, he will have reward enough, to say nothing of the greater rewards which accrue to faithful and religious men.

Gastrostomy.—On July 20th, at Wolverhampton and Staffordshire General Hospital, Mr. Vincent Jackson performed the operation of gastrostomy. The patient, a middle-aged man, was suffering from cancer of the cardiac end of the esophagus. The operation was divided into two stages, and on the fifth day after the first operation the stomach was linearly excised. Since he has been fed by the stomach and rectum, and everything is favorable.—*The Lancet.*

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

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No. 16.

LUNSFORD P. YANDELL, M. D., . . . }
L. S. McMURTRY, A. M., M. D., . . . } Editors.

MEDICAL EXPERT TESTIMONY.

It is doubtful if a physician is ever placed at greater disadvantage before the public than when occupying the witness-stand as an expert. His audience is usually critical and exacting, and any lack of dogmatism and promptness in his testimony is usually attributed to imperfect and inexact information upon his part. The fact that most physicians are unaccustomed to discussing professional questions before lay audiences adds to the difficulties of the situation, and the embarrassment of a cross-examination by a shrewd attorney often involves the witness in doubtful and ambiguous statements concerning familiar facts of medical observation. Hence the situation is a most trying one for those best qualified to testify upon any given branch of medical science and practice, and criticism in any given instance should be lenient.

It is always a matter for regret, however, when an overweening desire for notoriety induces a medical man to take the stand to testify relative to scientific matters in which his information is inexact and untrustworthy. Under such circumstances he is almost sure to bring disaster upon his own reputation and to seriously damage medicine as a science in the public estimation. Such a case has recently occurred in Michigan, in which a physician was so imprudent as to appear as a witness for the plaintiff in an action against a brother physician for malpractice. According to the published ac-

count of the testimony this widely-known physician confessed under oath to a very limited knowledge of anatomy, and in response to a question admitted that he had never seen nor treated such a case as the one under consideration.

Such an exhibition is always damaging to the highest interests of the profession and mortifying to its members. Before mounting the witness-stand physicians should be thoroughly posted in all the details of the questions at issue, and should speak dogmatically only concerning those features of the case in which they are qualified to substantiate the statements made. To speak long and learnedly in response to questions is always enticing; to be brief and cautious is wise.

OUR esteemed contemporary, the Medical Record, of New York, in commenting upon some recent changes in the medical schools of this city, says, "The Jefferson School of Medicine, a new summer-course institution, seems likely to cease its not obtrusively useful existence," and adds, "There seems to be an admirable versatility on the part of our Louisville brethren, which enables each one to teach all things equally well."

The versatility attributed to the medical teachers of this city by the Record is altogether unmerited. The gentlemen mentioned in the item referred to have been for years connected with medical teaching, and in every instance, save one, with that particular branch in which they are now engaged as instructors.

In illustration of the inaccuracy of the Record's statement it is only necessary to

mention that Prof. Parvin, of the University, is represented as having been *transferred* to the Chair of Obstetrics. It is fair to presume that since whole faculties have begun to resign in New York, and post-graduate schools are being founded in rapid succession, the Record has become dazzled with the "dissolving views" immediately around, and changes at a distance can only be seen as through a similar medium.

MISCELLANY.

NUMEROUS pamphlets have been disseminated relative to the Columbus (Ohio) Medical College difficulties. The following extract from a recent number of the Maryland Med. Journal is a concise account of the affair, with some practical comments:

The revelations brought to light through the instrumentality of Dr. Jas. E. Reeves, of Wheeling, in reference to a medical college located in Columbus, Ohio, and known as the "Columbus Medical College," are so damaging to its reputation that we can hardly see how it can survive the odium into which it has been cast by them. One of the faculty, Dr. J. F. Baldwin, declared that "one man was graduated from this institution who didn't know what the iris was, nor the pupil; could not locate the mitral nor tricuspid valves; placed the valvulæ conniventes in the *brain*, and the ileo-cæcal valve in the *rectum*!"—adding, "there were several of that sort." For this exposure it appears he was summarily ejected from his professorship. This has led him to make further revelations, from which we learn that the leading spirit of this so-called college is a Dr. Hamilton, the professor of surgery, who owns the college building and a majority of the stock, so that he elects his own trustees, and through them causes himself to be elected treasurer and secretary of the board, and to be placed in charge of the building, and even of the dissecting material.

Dr. B. also states that diplomas have been granted after attending but one course, or a small part of one course, or even *without attending any course* at all; that there are no hospital or clinical advantages except a surgical clinic once weekly, no museum worthy of the name, none but the crudest means of instruction, and only an ill-arranged college building. Yet this professes

to be a *regular* college and is a member of the American Medical College Association.

We have now in this city four medical colleges, with the prospect of a fifth in the not distant future. There will necessarily be a keen rivalry between some of these, and the desire for large classes and success will prove a strong temptation to relax in the requirements relating to attendance, fees, and examinations. Let us be doubly careful that no just ground for censure attach to us. Better that the colleges should perish than that the honor and usefulness of the profession should be sacrificed.

May heaven defend us from ever witnessing in this community such things, or any approach to them, as have been brought to light in Columbus. May no rivalry, no supposed necessity, no engrossing self-interest, induce the authorities of *our* colleges to make any such sacrifices of decency, principle, and morality.

JUVENILE SMOKING.—A vast amount of evil has followed from the apparently trivial practice, introduced by tobacco-sellers, of "breaking" cigarette packages. We learn that in this city [New York], at least, a most profitable part of this trade consists in peddling out cigarettes to youths of all ages. School-boys, store-boys, cash-boys, and the crowds of young gamins that wander about the street furnish this demand for a penny's worth of cigarettes. The result is that an early habit of smoking is acquired, and, furthermore, of smoking tobacco that is rarely pure and is often injuriously adulterated. Refuse cigar stumps, valerian, opium, salt-peter, sulphuric acid, bromide of potassium, potato-leaves, and ammonia are some of the ingredients used in "tinkering" the tobacco of cigarettes.

It was with much regret that we learned of the failure to pass a bill last winter forbidding the sale of cigarettes, except by whole packages. Whether such a law would be constitutional and practicable or not, its enactment would at least draw attention to the existence of a growing evil, and one with which it is necessary to deal promptly.

Tobacco is a poison which acts with especial certainty on the immature organism. It impairs nutrition, and in particular that of the nervous system, laying the foundation for subsequent nervous troubles of various kinds. The bad effect of its use, in the form of cigarettes, on the sexual organs, prematurely stimulating them, is quite generally conceded.

There is in France a society to prevent the abuse of tobacco. In England a society for the suppression of juvenile smoking has just been organized. Some similar agency might be of use in this country. At any rate the family doctor should do a little lay preaching on this matter of juvenile smoking.—*Medical Record*.

FOREIGN VIEW OF OUR MEDICAL STATUS. The progress in art, literature, and science that has been so marked a feature in the recent history of the United States of America has only been surpassed by that made in medicine. Instead of depending, as formerly, on reprints of imported books for their literature, the citizens of the United States have raised a literature of their own, and their medical and other works are now taking the highest places in all European schools. Their industry, fertility of invention, boldness of action, practicality, and perseverance in patient scientific investigation have enabled the medical men of America to advance our knowledge of the healing art by rapid strides. With them there has been none of the paralysis so deplored in some of the other schools as affecting all scientific pursuits, including medicine, and which has been so clearly traced to the attempt to reduce intellectual operations to the uniformity that constitutes the perfection of a military drill. Their institutions enjoy freedom of action, and they are determined to maintain it. In 1861 there were fifty-seven medical schools or colleges in the United States, each separate and independent of the other, and each having the power to confer medical degrees. Very possibly there may now be more, for the power to confer degrees is granted to all organized bodies seeking it. They allow the law of supply and demand to regulate the growth, and exclude all interference, governmental or other, that might hinder free development and successful progress.—*British Med. Journal*.

THE NEW YORK POLYCLINIC is the name of a new medical school just established in New York. The New York Post-Graduate School, which was organized during the past summer, will begin its first course of instruction on the first Monday in November.

THE Arkansas Insane Asylum, says the *Medical News* of August 12th, will be ready for the admission of patients in January, 1883.

REMARKABLE RECOVERY FROM POISONING BY CARBOLIC ACID.—A housemaid, fourteen years of age, swallowed about six drams of the undiluted acid. Twenty minutes afterward she was breathing stertorously; face livid; pulse small and irregular; comatose; pupils firmly contracted, but not so small as in opium-poisoning. Washed out stomach thoroughly with soap and water, and also milk and water. After nearly an hour the lividity became less and consciousness slowly returned. Two days afterward she went to her home in the country.—*British Medical Journal*.

PROF. WHITTAKER'S LECTURE UPON THE BACILLUS TUBERCULOSIS.—Our readers have been more than usually delighted with the charming letters of J. T. W., our correspondent upon the Continent, relating chiefly to Koch's recent discovery of the alleged bacillus of tuberculosis. Prof. Whittaker, of whom our Cincinnati friends may well be proud, reached this country a few days ago, and on last Monday, at the invitation of the College of Physicians of Philadelphia, he delivered a lecture on Koch's discovery, at the hall of the College, before a large and interested audience, consisting to a great extent of leading men of the profession. Dr. Whittaker not only gave in some detail Prof. Koch's methods, but also placed under five microscopes several slides illustrating the results, especially the bacillus of milz-brand, of perlsucht, and of tuberculosis. The lecture was admirably given, and those of our readers who did not have the rare treat of a personal hearing will have the pleasure of perusing its substance in our columns next week.

The unanimous "aye" which responded to Prof. S. D. Gross's motion for a hearty vote of thanks was but the expression of the feelings of all present.—*Medical News*, September 23, 1882.

WET-PACKING IN ASYLUMS.—A remedy which may be beneficial when prudently and skillfully employed, but which might do harm if indiscriminately used, and which might in unworthy hands degenerate into an instrument of punishment.—*British Med. Journal*.

DR. JULIUS F. MINER, long connected with the Buffalo Med. and Surg. Journal, and Professor of Clinical Surgery in Buffalo Medical College, has been compelled by ill health to retire from both editorial and college work.

Original.

HERPES OF THE CONJUNCTIVA OR CORNEA— PHLYCTENULAR CONJUNCTIVITIS OR KERATITIS—SCROFULOUS OPHTHALMIA.

BY W. CHEATHAM, M. D.

Lecturer on Diseases of Eye, Ear, and Throat, University of Louisville; Visiting Physician to Eye, Ear, and Throat Department of Louisville City Hospital, etc., etc.

The title of this paper includes a few of the many names by which this affection is known. It is one of the most common diseases of the eye, and often one of the most obstinate. Its results are often serious. These are a few of the reasons by which I am prompted in endeavoring to give our present knowledge of its management.

Just here let me give some of the most important facts as to its treatment. Don't use poultices; don't use bandages; don't put patients in a dark room; don't starve them. Moderate light, fresh air, good food, with cold water properly applied, will work wonders. To these I will add one other instruction: Strict attention to the skin, by means of sponge-baths (cold, when tolerated), followed by friction with rough towels.

I can not better illustrate my treatment of these cases than by giving a few examples, with their management.

Miss M., Pewee Valley, school-girl, complained of great pain in eyes, with fear of light; eyes felt as if something was in them. The trouble came on with itching and burning sensations. On right cornea, infero-nasal quadrant, a hazy elevation can be seen, with scleral and conjunctival vessels converging to that point. This elevation is what is known as a phlyctenule. It is a small mass of inflammatory matter which will soon break down and leave an excavation or ulcer. About the fourth day this occurred. The photophobia in this case was extreme. The pain was also much more than usual, keeping patient awake, and having to be controlled by opiates. I first directed, locally, atropia sulph. gr. ij, aqua dest. \bar{z} j, one drop in eye four times a day. This appeared to aggravate the symptoms, when I ordered eserine sulph. gr. j, aqua dest. \bar{z} j, to be dropped into eye three times a day. This appeared to relieve the photophobia very much, but not the pain, which was severe at night. I also ordered hyd. chlo.

mit., sacch. alb. $\bar{a}\bar{a}$ \bar{z} j; mix well, and dust into eye once a day. Internally I gave her quinine and iron with cod-liver oil. She improved for a time on this; then again and again relapsed. Having occasion to go to Boston, Mass., she was under the treatment there of a well-known oculist. Getting worse instead of better, she returned home and fell into my hands again. I placed her again under treatment, and, recognizing a nasal catarrh, prescribed a Richardson spray with borax and camphor-water to be used in nose three or four times a day. The change was marvelous. Recovery began immediately, and in three weeks she was discharged cured.

What can we learn from this case? I believe the original cause of the whole difficulty to have been the nasal catarrh producing an irritation of a branch of the fifth nerve. This is one of the most frequent causes of this difficulty, as we often see it with eczema, herpes zoster, etc. It is well in obstinate cases to look for what may be called a remote cause. It often originates with teething. I have several such cases at present. Here it is necessary to give pot. bromide, or rub the gums with it, or give paregoric. Lately I had three cases in one family where the affection depended upon eczema. The little ones made a horrible spectacle—scalp, face, and ears almost a solid crust; eyes firmly closed for weeks. The family physician had given arsenic, iron, and cod-liver oil, with no relief. I had them thoroughly cleansed with a solution of soda bicarb., and applied cod-liver oil locally, giving internally hyd. bichlo. with cincho. comp. tinct. No other treatment used for two weeks. At that time the eczema had nearly disappeared. The eye-trouble had also greatly improved. I then commenced dusting the powder before spoken of, once a day, with the solution of eserine three times a day. The recovery was quite rapid. This is another case where the cause was an irritation of the fifth nerve.

Alex. M. of this city, Joseph A. of New Albany, Eddie A. of Nashville, were all similar cases, depending upon irritation of the dental nerve from teething. They all suffered from photophobia, pain, with the characteristic herpes of cornea and conjunctiva—all relieved by rubbing the gums with pot. brom., regulating bowels, and when pain was very great giving an opiate. In these cases when the photophobia was excessive, when it is impossible to get them to hold their eyes open, then cold water should be used as fol-

lows: Take a basin filled with cold water; with the child under your arm, put his face under the water, holding him till he strangles a little. Do this two or three times a day for several days. You will be rewarded by finding when the head comes up the eyes will be wide open. Sometimes they will remain so for an hour or two, or probably a whole day. Repeat as often as needed. The fright from the strangling and the shock of the cold water seem to break the chain of nervous sympathy; so the eyes come open before the patient is aware of it.

This explanation of the method was illustrated to me this week in a similar case. Eddie K., who is suffering from phlyctenular keratitis, had had his eyes closed firmly for a week. It was impossible to get him to hold them open. June 26th, while feeling his way around the room, he stumbled over a chair, getting quite a severe fall. On rising he exclaimed, "I can see now." His eyes were wide open. The shock from the fall severed the sympathetic chain, and his eyes were opened.

Another patient, from Jeffersonville, for whom an operation had been advised, had her eyes wide open in four days by occasional ducking. Some cases are so obstinate as to necessitate section of external canthus and orbicularis palpebrarum. I have found this necessary in but one case in two years.

Where the cause is catarrhal, particular attention must be paid to the liability to take cold. Take a sponge-bath every morning, and rub well afterward with hair mittens and rough towels. If reaction does not come quickly, use salt water. Keep the patient from burying his face in the pillow. It is better for him to have moss pillows, as they are more firm. He should go in the fresh air and occupy a moderately lighted, well-ventilated room. Never bandage the eyes.

This affection can often be traced to the use of tea and coffee. I have had cases to recover by simply cutting off these luxuries. Some attention should be paid to diet. As I have just said, patients should have neither tea nor coffee; no pastry, cakes, or candies; fresh meat, cut very fine, for breakfast and dinner, when they are old enough to digest it; plenty of oat meal, cracked wheat, bread, milk, and butter; well-ripened fruit after meals.

I have neglected to speak of a salve—hyd. ox. flav. or rub. gr. iv to vaseline or cerate simplex $\frac{3}{4}$ ss. This can be used in the eye instead of the calomel and sugar. It is recommended very highly and is spoken of as a

specific. A small piece is put into the eye twice or three times a day. I have used it with excellent effect. It is difficult to get it well made. It must be rubbed thoroughly, so no crystals will remain.

Don't be too easily discouraged about the frequent relapses, make little alterations in treatment as needed, and keep courage. It is often necessary to lend some encouragement to the child's parents, or else they will become discouraged. I have known cases to persist for twelve or eighteen months. Of course there are times when the eyes are well for three or four weeks. Be patient and all will go well. Occasionally, when there have been many phlyctenules on the cornea, they leave it so opaque that an iridectomy will be necessary for good vision. This often also prevents relapses. The small opacities left often disappear in small children. Nature will do more for them than the doctor can.

The most common name for this affection is scrofulous ophthalmia, which expresses nothing. Most physicians have seen numbers of such cases. The little ones usually come into the office with head down, eyes closed, often with their hands covering their eyes, crying when the least light is thrown on them. Usually lids and surface around the eyes are covered with an eruption, the result of friction and overflowing tears. No doubt every physician will recognize this picture as a common one. This disease often begins as a catarrhal conjunctivitis, and by its irritating effect, or by the too early use of astringents by the physician, passes into a phlyctenular conjunctivitis or keratitis.

LOUISVILLE.

Reviews.

Essentials of Vaccination: A COMPILATION OF FACTS RELATING TO VACCINE INOCULATION AND ITS INFLUENCE IN THE PREVENTION OF SMALL-POX. By W. A. HARDAWAY, M.D., Professor of Diseases of the Skin in the Post-Graduate Faculty of the Missouri Medical College, St. Louis, etc., etc. Chicago: Jansen, McClurg & Co. 1882. Price, \$1.

In ten chapters, devoted respectively to the History of Vaccination, Variola in Animals, Nature of Vaccinia, Vaccinia in the Human Subject, Abnormal Modifications and Complications of Vaccinia, Revaccination, Merits of Different Kinds of Vaccination, Methods of Obtaining and Storing Vaccine Virus, the Operation of Vaccinat-

ing, and the Examination of the Objections to Vaccination, the author gives us most of what is known relative to this important subject. To the reader of medical journals the theme may appear hackneyed; but notwithstanding the profusion of desultory literature extant on vaccination, the physician is compelled to rely chiefly upon his own experience in this department of practice, while there may be found among doctors as many different opinions relative to the obtaining of virus, the kind of virus to be used, the performance of the operation, and the degree of protection secured by vaccinia, as there are types of mind in the profession. Any effort, therefore, to systematize and render available what is known of vaccination is well-timed and of substantial worth.

The value of vaccination as a means of protection against smallpox is universally admitted, but that the best means for rendering it effective are not universally known and employed, is apparent in the fact that epidemics of smallpox are not only still possible, but of yearly occurrence. A full, fair, and systematic discussion of the question may be found in Dr. Hardaway's compilation, and we are satisfied that a general reading of the work by the profession at large would do much to forestall the ravages of the most loathsome and destructive of all diseases.

Diseases of the Rectum and Anus. By CHAS. B. KELSEY, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, Consulting Surgeon for Diseases of the Rectum to the Harlem Hospital and Dispensary for Women and Children, etc. (Eighth volume of Wood's Standard Library of Medical Authors for 1882.) New York: Wm. Wood & Co.

Though every large city in our land possesses surgeons and specialists to whom diseases of the rectum are generally and may be properly referred, there are in the country many general practitioners who can not secure the luxury of a consultation with either one or the other of these, and are therefore compelled to undertake the treatment of rectal and anal diseases. It is for the benefit of this class of physicians especially that Dr. Kelsey has prepared this work, though the specialist will find in its pages the very latest teaching upon the subject.

General surgery, as every one knows, has made wonderful progress within the last few years, and that rectal surgery has kept pace

with the other departments of the art will be apparent to the reader of this work. In fact, so many new and effective operations and new methods of medication relative to the management of benign and malignant stricture of the rectum and the treatment of hemorrhoids and prolapse have been recently given to the practitioner, that the physician who should content himself with the methods in vogue ten years ago would be as much behind the times and quite as open to censure as one who should treat asthenic affections according to the obsolete therapeutics of our fathers.

The work is freely illustrated by well executed wood-cuts, and made practical by a careful analysis of numerous cases occurring in the author's practice.

The Physician Himself and What he should Add to his Scientific Acquirements. By D. W. CATHELL, M.D., late Professor of Pathology in the College of Physicians and Surgeons, Baltimore, etc. Second edition, carefully revised. Baltimore: Cushings & Bailey. 1882.

This interesting book was noticed favorably in this journal upon the appearance of its first edition. In the second edition the work has been divided into chapters, and some additions and changes made which add grace and finish to the text.

Sound in morals, politic, wise, subtle in perceiving and clear in delineating the traits of human nature as the physician is likely to meet them in his daily rounds, the author has produced a book which may well serve as a guide to one who is about to follow the uncertain life of a healer of the sick.

Practical Medical Anatomy: A GUIDE TO THE PHYSICIAN IN THE STUDY OF THE RELATIONS OF THE VISCERA TO EACH OTHER IN HEALTH AND DISEASE, AND IN THE DIAGNOSIS OF THE MEDICAL AND SURGICAL CONDITIONS OF THE ANATOMICAL STRUCTURES OF THE HEAD AND NECK. By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy, etc., Medical Department, University of New York. (Volume VI of Wood's Library of Standard Medical Authors for 1882.) New York: Wm. Wood & Co.

The fact that accurate anatomical knowledge must lie at the foundation of all surgical procedure has long been recognized; but in this country, at least, the physician has contented himself with comparatively superficial information so far as anatomy is concerned. The work under notice shows in a striking manner the advantages which the general practitioner may derive from a

careful study of the human body, and puts in his hands an easy and practical means of applying this knowledge to the diagnosis and treatment of disease.

The volume is in the main a compilation from many sources of what has been noted in this line of study by the most distinguished clinical observers of this and former times, and presents a large array of facts, carefully arranged and easy of access, which could not be reached otherwise than by laborious search through almost the entire literature of medicine. We believe that the author's effort to simplify this important study and render it accessible to all will be duly appreciated by the profession, and that his book will soon take rank among the standard works in medical literature.

Books and Pamphlets.

ELECTRICITY IN SURGERY. By John Butler, M.D. Illustrated. Pp. 109. New York: Boericke & Tafel.

PRACTICAL OBSERVATIONS UPON OVARIOTOMY, WITH NOTES OF TEN RECENT CASES. By Donald Maclean, M.D., of Ann Arbor, Mich.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS. By D. N. Cathell, M.D., late Professor of Pathology in the College of Physicians and Surgeons, Baltimore. Second edition, carefully revised. Baltimore: Cushings & Bailey. 1882.

RESEARCHES ON INJURIES OF THE LIVER AND HEPATIC ABSCESS. By W. T. Elkin, M.D., Atlanta. Reprint from the Atlanta Medical Register.

This paper is based upon a series of experimental and microscopical researches, and is highly creditable to its author. Dr. Elkin is a native of Kentucky, and has added to a classical education a thorough course of medical study in one of our best universities. We confidently expect to witness a prompt reward to his talents and industry in the field of labor he has chosen.

MENTAL PATHOLOGY AND THERAPEUTICS. By W. Griesinger, M.D., Professor of Clinical Medicine and of Mental Science in the University of Berlin, etc. Translated from the German (second edition) by C. Lockhart Robertson, M.D., Cantab., and James Rutherford, M.D., Edin. New York: William Wood & Co. 1882.

We are glad to see this well-known work reprinted in the Standard Series. The reputation enjoyed by its author for many years as a leader of German psychiatry is based principally upon this volume. The American physician may be safely advised to give it an honored place on his shelves. The style and the method of the writer do not make very easy reading, but the close study required is compensated by the solid learning embodied in it.

Translations.

[For the NEWS, by JOHN A. OCTERLONY, M.D.]

A CASE OF EXTENSIVE TUBERCULOSIS OF THE HEART IN A CHILD.—By G. G. Stage, *Nord. Med. Arch.*, 1882.

A girl, eight and a half years old, was admitted to the Children's Hospital, suffering from a remittent type of fever. The heart's action was tumultuous, with diffuse impulse; the heart-sounds were distinct, but somewhat dull; the area of precordial dullness was not increased; a rather obscure friction-sound was heard over the cardiac region; the pulse was quick and small. The duration of the disease was fourteen days. On post-mortem examination miliary tubercles were found in the lungs. The bronchial glands were enlarged and in a state of caseous degeneration. The heart was of normal size, and the pericardium contained about two tablespoonfuls of lemon-colored fluid. Miliary tubercles were scattered singly over the heart's surface. Upon opening the left ventricle it was found to contain a tumor five centimeters long and three centimeters broad. It was covered by endocardium, had an uneven surface, and emerged from the junction of the anterior wall with the interventricular septum, so that the greater portion of the tumor projected into the ventricular cavity. A microscopic investigation confirmed the opinion that it was of tubercular nature.

A CASE OF SPONTANEOUS RUPTURE OF THE UTERUS.—By M. Salin Hygiea, 1882. *Sw. Läkare Sällsk. Förhandl.*:

The patient was thirty-three years old and had already had one child, with normal labor. The last menstruation occurred in August, 1881. She was in good health throughout the whole pregnancy. On the 9th of March she had pains simulating labor-pains, but was yet able to work. The next day in the evening she was seized with severe pains, which became more intense after a rectal enema, and so continuous and violent that she moaned loudly and without ceasing. There was slight hemorrhage from the vagina. The pulse was small, 130 to 140. Temperature in rectum 38°. The abdomen was distended and tender, tympanic in its upper part, and there was dullness in its lower part. Fetal parts could be felt around the navel, but it was impossible to perform palpation in consequence of the great tenderness. The canal of the cervix

was sufficiently open to admit the finger. Immediately within the os internum it came in contact with a large fetal part. Death occurred on the third day.

The autopsy revealed a rupture of the uterus at the fundus, through which the fetus had escaped into the peritoneal cavity, the membranes remaining unbroken. The fetus was in the eighth month. It was at first supposed that the rupture was due to some change in the muscular structure of the uterus, but subsequent careful microscopic examination of the parts showed that no change whatever had taken place in the uterine muscular tissue.

MECHANICAL SUPPORT IN WRITER'S CRAMP. Dr. A. Magelsen, of Norway, has devised a new apparatus for the treatment of writer's cramp with the object of affording the hand and fingers as much support as possible during the act of writing. The hand, half closed in a convenient position for writing, is filled with a stiffening mass, in which the pen is also fastened. The choice of material as well as form and size of apparatus is regulated according to special features of each individual case. The application of this plan is restricted to the higher degrees of writer's cramp, and for temporary use, while the treatment ordinarily resorted to in the lighter forms is to be instituted in combination with certain systematic exercises in writing.

Selections.

Listerism, its Uses and Limitations.—By W. M. Stokes, F.R.C.S.I. Address in surgery before the British Medical Association, August, 1882:

Considering that the treatment of wounds is, in Prof. Humphrey's words, not merely "the first stone, but also the corner-stone of surgery," antiseptic practice should rank, in my opinion, as the greatest of the surgical advances that the past half century has witnessed. It deserves a special attention not merely on account of the results of its adoption, but also because surgical opinion is still so divided about it—an unsettlement to which an impulse has been given by Mr. Savory's remarkable address at Cork, and by the observations on the value of carbolic spray made by Mr. Lister himself at the International Medical Congress last year. As regards Mr. Savory's denunciation of Listerism, I would say that, after reading it, and also the able reply to it by my colleague, Dr. Thompson, one can not but come to the conclusion that, when the address is stripped of all its brilliant eloquence and rhetorical decoration, two facts are, to our surprise, brought clearly to light. One is the admission of the germ-theory of putrefaction; and the other, that the method of dressing employed by Mr.

Savory is essentially antiseptic, consisting as it does of many of the features that characterize Listerian dressings—for example, carbolized catgut ligatures, carbolized oils, drainage, and washing the wound with a weak permanganate of potash lotion, or "some other potent antiseptic." Now, as the author of the reply to which I have referred properly asks, "Is this method fittingly characterized by its simplicity and the entire absence of all novelty?"

In reference to Mr. Lister's statement on the value of carbolic spray, about which there has been so much unfortunate misconstruction and misunderstanding, I would certainly say he did not surrender his position in any way. He did not, as was said to me, in terms more picturesque than accurate, by an eminent surgical friend on that occasion, "Inter antiseptic surgery and then sing a dirge over." On the contrary, he stated that he looked forward to obtaining a more perfect and convenient mode of asepticism than that afforded by carbolic spray.

Considering the subject from a purely practical point of view, it appears of very little consequence whether we accept the views recently discussed by Dr. Burdon Sanderson, or those of Ogston and Hueter, the former maintaining that the inflammatory exudates of a wound do not depend primarily on the contact with them of atmospheric organisms, but that their secondarily infective character does; in other words, that atmospheric organisms *per se* are not necessarily a source of danger, nor do they predispose to the formation of inflammatory exudates, but they do exercise a baneful influence on the latter by rendering them infective. To quote his words, "they are not so much mischief-makers as mischief-spreaders." Two distinct functions are attributed by Burdon Sanderson to these organisms; one "of developing what may be called the phlogogenic infection, and that of conveying it to all parts of the body." Ogston and Hueter, on the other hand, maintain, and furnish strong arguments for their views, that septic organisms are primarily the sources of all the inflammatory and other troubles to which wounds are liable, and that under aseptic conditions these dangers can be avoided.

The essentially weak point in the persistent and obstinate opposition to Listerism is the almost universal admission of the truth of the germ-theory of putrefaction. If the fantastic theory of heterogenesis had not long since been swept into the deserved limbo of other exploded doctrines, there would be some scientific standpoint for those opposed to Lister's theory and practice. But not having this, and admitting the truth of the germ-theory of putrefaction, they surrender their position. An attempt has been made by Mr. Lawson Tait to draw a distinction between the effects of germs on dead and living tissues, the only serious consequences being, it is alleged, those which result from their introduction into the system through the medium of dead tissue. Such is the contention. In a word, it comes simply to this—that if the dead tissue factor were non-existent, the organisms would remain harmless; if, on the other hand, it be present, they become hurtful. But those who hold this view ignore the elementary fact that there never was a wound, and especially one in which vessels are tied or twisted, in which dead and living tissues were not at once brought into contact. Assuming, however, that this was not the case, has it not been shown on clear evidence by Dr. Burdon Sanderson that septic agencies generated in the organism may induce idiopathic inflammation without

the medium of dead tissue? Also that, in acute peritonitis, septic organisms can, through the medium of the lymphatic vessels, be conveyed into the blood streams, and, to use his words, "carry with them a phlogogenic virus, by virtue of which, wherever they lodge, they become the starting-points of infective abscesses." Again, that similar phenomena are observed in connection with ulcerative endocarditis, confirming the observations of Weigert that, in variola they find their way "in myriads" into the circulation, and eventually find a resting place in the capillaries of the internal organs, where they become nuclei of infective abscesses.

Those who advocate and practice what they are pleased to term a "modified" antiseptic system, attempt, in fact, in a roundabout, clumsy, inefficient way, to do precisely what those who practice Listerism achieve by means which are the outcome of accurate scientific research.

It has been stated that ovariectomy should be considered the touchstone of the efficacy of the antiseptic treatment of wounds. I do not think so (although my successes in ovariectomy date from the time I adopted the system), and for the reasons given by Prof. Lister. First, the disposition of a large serous membrane to absorb rapidly the plasma from the cut surface, the absence of tension, the high vital power of the peritoneum in uniting after being wounded; and, lastly, that bloody serum is an unfavorable medium for the growth of micro-organisms, a fact directly at variance with the dictum of Keith, that it is the "enemy of the ovariectomist." One of the best tests, if not the best, for the value of antiseptic practice, is resection of the knee-joint, as there are so many circumstances that militate against immediate union being obtained after it. In the first place, the cases requiring so formidable an operation are, as a rule, in a condition of great physical exhaustion consequent on long confinement, and probably protracted suffering of mind and body. The wound is of necessity a large one; the operation occupies a considerable time; two large freshly-cut bone surfaces are made, between which union is to take place; and, lastly, there is the great difficulty of keeping, no matter what appliance be adopted, the limb absolutely at rest during the process of union. Before the adoption of Listerism the surgeon anticipated that four, six, or eight months or longer, would elapse before union took place, and it was always a subject discussed at consultations on these cases, previously to operation, whether the patient would have strength to endure so protracted a suppuration. As an illustration of how changed matters are now, in a series of fourteen of my cases of excision of the knee-joint, the wounds in nine of them united without a trace of pus production; and in the last of them only two dressings were required subsequent to the one applied at the time of the operation, and in seven weeks after, the patient was up and going about. Another antiseptic triumph was the case of a boy with extensive necrosis of the fibula, sinuses, and suppuration existing at the time of the operation. I excised subperiosteally the diaphysis of the fibula, and the case pursued a perfectly aseptic course, the evidence of new bone-formation being also incontrovertible.

From the fact of there being no pus-production subsequent to the operation, notwithstanding the pre-existence of suppurating sinuses, a special interest attaches itself to this case. I can only account for this exceptional circumstance as a result of the

careful washing of the sinuses by carbolic acid and zinc chloride solutions.

As regards the hygienic effects of the practice, I may mention some facts of interest noticed by me and my colleagues in the hospital to which I am attached. The building is a very old one, and was not constructed originally for a hospital. None of the more modern arrangements, now considered so essential, as regards heating, light, ventilation, etc., exist. It is situated in a poor, very densely-populated part of the city, with tenement-houses, dairy-yards, cattle-sheds, and stables in the neighborhood; and some of the houses in its immediate vicinity have been designated by the medical officers of health as "fever nests." When I was a student there erysipelas and pyemia were not unfrequently observed after operations even of no great magnitude; hospital gangrene, too, I have seen several instances of—in fact, these three diseases constituted a grim trio of which the surgeons had not unnaturally a dread. Let it not be thought that the occurrence of these was in any way to be attributed to want of care and attention to cleanliness. No cases could in this respect be more conscientiously or carefully managed. What now exists? Hospital gangrene is an extinct disease; nor have we observed, during a period extending over six years, a single case of erysipelas, septicemia, or pyemia following an operation in which the practice of Lister was accurately carried out; *accurately*, for everything depends on that. The practice has been well compared to a coat of mail, which secures the wearer so long as it is perfect, but any missing link in which may admit the *lethalis arundo*.

Similar testimony to what I and my colleagues can state has been given by many foreign surgeons of eminence, among whom I may mention Von Nussbaum, Bardeleben, Thiersch, Von Langenbeck, Volkmann, Esmarch, Saxtorpf, Championnière, and many others.

Although I do not regard surgical statistics with the reverential awe that some do, who look upon them, in fact, as a sort of tribunal beyond which there can be no appeal, I observe that in a record of upward of six hundred operations performed by myself and my colleagues at the Richmond Surgical Hospital, during the past three years—an institution which I have already spoken of as being hygienically in so unsatisfactory a condition—the mortality was 3.6 per cent; and there was not a single case in which Listerism was accurately employed that was followed by any infective disease.—*Med. Press and Circular*.

Idiopathic or Pernicious Anemia, associated with Jaundice.—By W. T. Parker Douglas, B.A., M.B., Cantab.

The following is a typical case, so far as its clinical history is concerned; and its connexion with jaundice may probably be accounted for by an excess in the fatty degeneration of the liver (which frequently forms an element in the pathology of cases of pernicious anemia) due to the habits of the patient.

G. R. H., aged seventy, had been a strong, active, muscular man, of full habit and florid complexion, fond of sport and good living. He inherited gout, and perhaps helped to incur the same, which first made its appearance at the age of thirty; of late years he had constantly arrested its development by

patent medicines containing colchicum. Two years ago he was laid up with phlebitis of the left femoral vein, and since then his health and strength had been failing, though at Christmas last he was able to walk two or three miles. He persevered with his duties as a clergyman till June 5th (the last occasion of his officiating in the church). With increasing weakness slight jaundice supervened, and persisted to the last. Of late there had been not infrequent blood loss from hemorrhoids and by epistaxis.

Such is a short history of the case prior to his coming under my observation on September 3d, in consultation with Dr. Phillips, of Hurstbourne, when his appearance was as follows: Well built, fairly nourished, no lack of fat, slightly jaundiced, and of a deepish lemon color over head, face, and neck, but much paler over rest of body; skin dry and waxy, with a few small ecchymoses on extremities, and light-brown pigmentations, the seats of former petechie; lips and mucous membranes pale; slight anasarca over whole body; eyes with wildish, anxious expression; arcus senilis highly developed; tongue furred and dry; breath rather offensive; pulse 96, soft, and very compressible; heart-sounds faint, with systolic (hemal) bruit at base; some of the veins in both upper and lower extremities easily traceable for some distance, and hard as whipcord. No enlargement of liver, spleen, or any of the glands; breath-sounds faint, but normal; urine tinged with bile, but free from albumen; bowels generally costive, and motions of an ochery color. Sickness supervened on taking nourishment; and, besides the liquids swallowed, the vomit was mixed with darkish, grumous mucus. Temperature just below normal. Between September 3d and 6th there was constant sickness, slight epistaxis, and hematemesis to the extent of a pint and a half, followed by extreme exhaustion and death.

A specimen of the blood was taken from the finger on September 4th, secured in a capillary tube, and examined by microscope six hours afterward, when I noticed as follows: No tendency on the part of the red corpuscles to collect into rouleaux; about two thirds were normal in outline and size, the rest most irregular in shape, some being of equal dimensions, with healthy red corpuscles but granular, others large, indefinite in outline, elongated, or forming masses having the appearance of red corpuscular detritus, many of which were twice or three times the size of normal white corpuscles; these latter elements were not increased in numbers beyond the natural proportion, but varied in size, some being barely a third of the dimensions of the larger normal white corpuscles, thus corresponding nearly with observations made by Messrs. Mackern and Davy on the blood in a case of idiopathic anemia published in *The Lancet* for May, 1877.—*The Lancet*.

Inter-trico-thyroid Laryngotomy.—At the Société de Chirurgie M. Despres opened up the subject discussed in last week's meeting. Having examined the reports of the Transactions of the Anatomical Society, he was ready to show that inter-trico-thyroid laryngotomy was far from being a trustworthy operation, and had often been followed by grave accidents. He cited a case that proved unsuccessful in the hands of M. Verneuil: to pass the tube two rings of the trachea had to be divided, and the patient having succumbed, the autopsy showed that the point of the tube had ulcerated the brachio-cephalic trunk. Millard and Richelot, who, in 1859, affirmed that tracheotomy was a simple and easy operation,

exempt from danger, would be surprised to hear it pronounced to-day a terrible operation, extremely difficult to do, and very often attended with grave consequences. As for him, he considered that this new surgery was not worth the old. He had performed tracheotomy fifty-six times, and never had he seen any accidents follow. M. Verneuil maintained that in the adult tracheotomy was a difficult operation.—*Med. Press and Circular*.

A Case of Eclampsia. By Thos. T. S. Harrison, M.D., Selkirk, Ont. (Canada *Lancet*):

I bring this case before the association, not to show my skill in treating it, or to boast of the favorable result of the treatment, but because the case made a profound impression on me, and because I have often asked myself if I could have done better had I taken a different course. We have a right to pride ourselves on our successes, but my experience is that we are taught more by our failures.

On the 8th of last month I was called at midnight to see a patient some eight or nine miles distant; was told it was a case of confinement and that the woman was very bad. I took with me my instruments, chloroform, ergot, and my ordinary pocket-case. I got there between 1 and 2 A.M. and found that the patient, a primipara, had been delivered before I was sent for, having had a very easy and short labor, the nurse, a neighbor's wife, who attended her, telling me that she had not had more than a couple of real labor-pains and that she was over it before they could get a messenger ready to go for me. After her delivery she said she was pretty comfortable, but had a slight headache and pain in the stomach. Without the slightest warning she went into convulsions. When I saw her she had just recovered from a convulsion, the seventh or eighth. There was no edema, nor was there any history of swelling or puffiness; the placenta was retained. I made an examination and found that the placenta was still in the uterus. Thinking it likely to be adherent, to save the shock to the nervous system that might ensue if I had to pass the hand into the uterus, I administered chloroform. I removed the placenta by just hooking my finger behind it without the slightest trouble. It lay loose in the uterus. I ceased giving chloroform, and she lay easy for some fifteen minutes when, with a groan, she went into another convulsion. As soon as possible I gave her about half a grain of morphia by the stomach and resumed the chloroform, keeping her under its influence about an hour. The pupils were contracted, the lids closed, but, on raising the lids, under the influence of light the pupils rapidly dilated and oscillated between dilatation and contraction, but on the approach of a convulsion they became widely dilated. I gradually withdrew the chloroform, but long before she came from under its influence she had a severe fit, and another quickly followed. I now sent for my hypodermic syringe, bromide of potassium, and chloral. In the mean time I bled her to about thirty ounces. She was quiet and breathed easily for some three quarters of an hour after bleeding, without chloroform—before bleeding the breathing had been growing slightly stertorous—when she again went into convulsions. I now kept her under chloroform until the return of my messenger, when I injected about one third of a grain of morphia hypodermically, and by the rectum a dram of bromide of potassium with half a dram of chloral hydrate, gave chloroform upward of an hour and a half, when, upon

gradually withdrawing it, the convulsions returned in an aggravated form. I now kept her under its influence until about 8 o'clock A.M., when the breathing became stertorous, the pupils dilated, and her state so alarming that I withheld the chloroform without having a return of the convulsions; but she lay comatose until the next midnight, when she died. About the middle of the afternoon she seemed dying, but on hypodermic injection of ether and brandy she recovered, only to sink again.

Now the question with me is, Did I treat this case judiciously? Would the result have been better if I had had bromide or chloral at first? Was it good treatment to give morphia with contracted pupil, even if it did dilate under the influence of light? Ought I to have delayed venesection as long as I did? In olden times I used to bleed largely and at once, but of late, in fact for many years, have treated cases successfully without bleeding at all. I attended a case last winter in which the attack came on a couple of hours after delivery, and under the use of morphia, bromide, and chloral it did well. It is a long time since I have seen a death from eclampsia, and the death of this young woman deeply affected me.

Eczema.—By Jonathan Hutchinson, F.R.C.S., in Med. Press and Circular:

This symptom is in a large majority of instances so far local that it is curable by local measures, and scarcely, if at all, by constitutional ones, whether drugs or restrictions as to food. Yet it is probable that there is always a minor degree of constitutional proclivity, and this is sometimes proved to be hereditary. In a few cases dietetic restrictions do appear to have important influences, as, for instance, the forbidding of milk and sugar. I have already alluded to the remarkable way in which eczema appears to aggravate itself, and when once it has begun is its own source of extension. Probably a great many cases which become severe and general might have been stopped in the beginning by appropriate local treatment. In most forms of eczema arsenic is useless, and this fact serves to detach it definitely from the psoriasis group. There are, however, certain forms of nummular eczema in which well-margined patches are scattered symmetrically over the limbs and trunk, in which the disease approaches very closely to a form of psoriasis, and is more or less under the control of the specific for the disease.

Putting aside a large number of mild or local cases which are clearly due to local causes, we encounter severe eczema in the following forms: First, as a disease of the dentition period of infancy, or what is often equivalent, the lactation or milk-fed period; second, as a most persisting and troublesome eruption affecting only special regions in children and adults, as, for instance, the hands, the lips, and the anus; thirdly, as a general and severe eruption in advanced adult or senile periods of life. It is a noteworthy fact that when infants who have suffered very severely get well, they usually get quite well, and remain well through life. General attacks affecting the whole body occur for the most part near the extremes of life. Applications containing tar, if weak enough, will almost always both prevent and cure eczema. Sea air is often definitely advantageous, and the disuse of milk and sugar is often important.

With such facts before us can we find answers to the questions: Is eczema usually a sign of gout, or any allied condition of defective digestion? Is

it catarrhal? Is it due to structural idiosyncrasy of the integument? I should incline to reply that it is certainly not catarrhal in any correct use of the word. It is not produced by the common causes of catarrh, nor does it display the clinical course of all catarrhs in the tendency to spontaneous recovery and frequent repetition. Next, in many cases, it does imply a minor degree of malassimilation alleged to gout, and is benefited by abstinence from beer and wine. Recent experience has led me to believe that the offending article is often milk, and to think it of importance to restrict it as much as possible. In very many, a large majority of cases, there is no true gout either in the patients or relatives.

Treatment of Diphtheritic Paralysis.—In a lecture at the Hospital for Sick Children (*Gaz. des Hôp.*), M. Archambault has described the therapeutic indications which should guide the physician in the treatment of diphtheritic paralysis. The subjects of this disease being generally weak and anemic, the first indication is to have recourse to preparations of iron, such as syrup of iodine of iron, and especially iron pills, which are more easily swallowed than liquids; quinine is also indicated. To excite muscular contraction, tincture of nux vomica should be administered as a draught in progressive doses, commencing by ten drops and being increased to fifteen to twenty drops a day. Dry friction on the skin, or with a piece of wool impregnated with benzoin, is also prescribed to stimulate nutrition and arouse sensibility. The baths of Barèges are also an excellent stimulant. Residence at the sea-side and sea-bathing give good results in patients in whom these paralytic symptoms last for several months. To these different methods M. Archambault adds the employment of electricity in continuous currents, which he considers as having a better effect on nutrition than intermittent currents. Finally, when it is absolutely impossible to feed the patient by the ordinary methods, on account of the danger of fits of suffocation, he has recourse either to the esophageal sound or to nutrient injections. In reference to the ocular troubles, of which it is not generally very necessary to take much note, M. Archambault prescribes, when they have a certain persistency, a collyrium composed of ten centigrams of sulphate of eserine in thirty grams of distilled water.—*London Med. Record.*

Nitro-Glycerin in Angina Pectoris.—Dr. Murrell, of London, in a recent publication brings together his experiences of nitro-glycerin in angina pectoris. Its action is almost identical with that of nitrite of amyl; in small doses it produces throbbing and sense of fullness in temples and head, quickened pulse, perspiration, and sometimes nausea. Nitro-glycerin is a little longer in producing its action than nitrite of amyl, but the full effect is maintained longer, the influence of nitrite of amyl being extremely transitory. For this reason Dr. Murrell prefers nitro-glycerin. In twelve cases, most of them uncomplicated by valvular disease or aneurism, nitro-glycerin diminished the pain, and in some afforded very permanent relief. In a few, cardiac complications were present, and more or less good effect was produced by the drug. In the rest the result was doubtful. Dr. Murrell recommends a one per cent solution, a half minim given every three hours, to be increased as required. Some patients are very susceptible to it; others bear well the largest doses.

The Administration of Chloroform.—The *Gazette des Hôpitaux*, at the end of the *resume* of the prolonged discussion on this subject which has just terminated at the Académie de Médecine, furnishes the following account of the rules of procedure observed by a *collaborateur* who has been much employed, with constant success, in the administration of chloroform during the last ten years:

1. The compress is to be preferred to all other means. A handkerchief is to be had every where, and alarms the patient less than anything else.

2. Fold the handkerchief into the form of the mouth of a horn, and keep it closely pressed against the point of the nose; but only pour the chloroform on the part of it which is not directly in contact with the skin.

3. Its application should be intermitted, but this need not be done in the precisely-regulated manner recommended by Prof. Gosselin.

4. Give very little chloroform at the commencement, in order to accustom the patient to it and prepare him for the feeling of suffocation. Then, when the first inspirations are over, pour on the chloroform very often, otherwise much time will be lost and complete anesthesia obtained only with difficulty.

5. Before making the application take care that no article of dress constricts the patient, removing even the string of a cap.

6. Expose the epigastrium, and from the very commencement keep the eye upon it, and *constantly* watch the respiration, without caring about the pulse.

7. Always have a forceps within reach.

8. As soon as the respiration becomes noisy and stertorous, remove the compress and allow the patient to breathe fresh air for a time.

9. When respiration is arrested, seize the tongue with the forceps and draw it out, and immediately commence artificial respiration. If the respiration is not reëstablished after a few seconds, place the head low, forcibly flagellate the cheeks, keep the tongue out, and continue the artificial respiration for five, ten, fifteen, or even twenty minutes, if necessary.

10. When the respiration is noisy, pass into the back of the throat a sponge mounted on a forceps, in order to remove the mucosities existing there, as they frequently do in patients suffering from colds.

11. There is but one contra-indication to the employment of chloroform—namely, advanced phthisis. Affections of the heart are not contra-indications.

12. Hysterical subjects should be distrusted.

13. Alcoholic subjects are very long and difficult in being brought under the influence of chloroform, but they may take it without danger.—*Med. Times and Gazette*.

Prostitution as observed in Canton, China.

At the City Foundling-House in Canton female infants (generally illegitimate) are sold for seven hundred cash (seventy-five cents) to any one who states that he wishes to bring the child up as a servant and in a respectable manner. This trade is carried on without the knowledge of the government directly, but merely to fill the pockets of those in charge of the institution. If a mother is too poor to support her child, and it is a female (males are never sold, as they only can worship at the tomb of their departed ancestors, and every Chinese parent wishes to leave behind him a son for this purpose), she takes it to

the foundling-house and simply leaves it there. Owners of houses of prostitution come and select the infants which give promise of greatest beauty or best health, and buy them. They have them cared for on boats made for the purpose, so as to keep them apart from the world at large. They are well fed and most carefully guarded from exposure to the sun, so as to secure as white a complexion as possible. Here they are trained for their future work. At twelve years of age they are put in the society of women considered accomplished in the business, and at fifteen they begin the life which is soon to become a misery. Now, should one of these girls be seen by a rich Chinaman who wishes to add another concubine to his family, he may buy her and take her to his home, where, if she be a favorite, she is sure of kind treatment; and any children she may have rank in every way with those by his first or real wife, even to inheriting property. Those of the prostitutes who are not so fortunate are treated kindly or otherwise in proportion to the amount of money they make for their master.—*F. Carroll, M. D., in Maryland Medical Journal*.

Prognosis in Diabetes.—Dr. R. Schmitz, of Neuenahr, in *Wiener Med. Woch.* discusses six hundred cases of diabetes treated for the most part dietetically. He says the question of prognosis is determined by (1) the earliness of the discovery and treatment of the complaint; (2) the strictness with which the anti-diabetic regimen is observed; (3) the etiological factors; (4) the age of the patient; (5) the degree of immunity the patient enjoys when he chances to use sugar-breeding food. In early cases the prognosis is favorable. Diabetes depending on central nervous lesions or on grave chronic affections is serious; depending on worry, pain and grief, or on over-use of sugary food, it is less so. Gouty diabetes has the best prognosis. After the age of thirty the prognosis grows steadily worse. It is bad if sugar persists on an exclusive diet of fish and flesh. It is decidedly favorable if eggs, salads, and mild cheese can be taken without breeding sugar, which only reappears when fruits, starchy roots, starch or cane-sugar are taken.—*Lond. Pract.*

Tarnier's Method of Preventing Puerperal Infection.—"Even in 1856, when I was interne at the Maternité Hospital, the mortality was five per cent; this is now reduced to two per cent in hospital, and three quarters of one per cent in the pavilion I had constructed a few years ago. Each patient there has a separate room, entered from without, so that a nurse can only pass from one to another by going outside into the open air. The furniture is of japanned iron; the floors, walls, and ceilings are of impermeable concrete. The mattresses and pillows are stuffed with cut chaff, which is burnt after use in every single case. Instead of McIntosh sheets, one of brown paper, made impermeable by pitch, is used; this is burnt after use." For the washing of the genitals he uses weak solutions of bichloride of mercury, being the best and most powerful germicide.—*Canada Jour. of Med. Science*.

Atropine in Mania.—Dr. J. R. Gasquet (*Lond. Pract.*) finds atropine useful in cases which had been previously benefited by hyoscyamin. He recommends the drug on account of its comparative safety and cheapness.—*Journal of Mental Science*.



THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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No. 17.

LUNSFORD P. YANDELL, M. D., . . . }
L. S. McMURTRY, A. M., M. D., . . . } Editors.

DR. C. R. AGNEW ON ETHICS.

In the October number of the New York Med. Journal and Obstet. Review is a long and labored article by Dr. C. R. Agnew, of New York, on The Limits of Medical Ethics. Some time since a learned metaphysical essay upon the same topic, by a well-known lay scholar of the State of New York, was given to the profession in a communication addressed, if we mistake not, to Dr. Agnew. In June last Dr. A. attended the meeting of the American Medical Association at St. Paul as a representative of the "new departure" in medical ethics made by the State Medical Society of New York. The attempt to carry such "reforms" into the national Association met with an overwhelming rebuke from that body. The voice of the Association was of no uncertain tone. The temper of that assemblage on this subject was manifest from the beginning to the close of the session. The meeting was largely attended, and its representation was thoroughly national in character. Dr. Agnew must have keenly felt the rebuke to the movement he was so earnestly pressing on the profession in the enthusiastic declaration of so large and respectable a body of his professional brethren.

Since that time the county societies of the State of New York, whose delegates compose a majority of the State Society, have unequivocally repudiated and rescinded the action of last year which established

the new code. Even the homeopaths—and, for all we know, the eclectics and clairvoyants—have declined to accept the privileges afforded by the wide latitude which the new code confers upon consultations; and yet, after all this, Dr. Agnew continues to urge the movement on the attention of the profession.

The article before us has this tragical motto at its head: "Where liberty is gone, life grows insipid and has lost its relish.—Addison." It purports to be a reply to Dr. E. R. Squibb's able article upon the new code, which appeared last July, but it is in the main a recapitulation of the old, illogical arguments for abolishing the Code of Ethics. The claims that gentlemen need no laws to govern their intercourse with one another, and that nothing but good can come from the utmost freedom in consultation, are here renewed, with the familiar illustrations. He advocates consultation with all classes of irregular practitioners, and favors the adoption by Congress of Senator Cameron's resolution making it an offense to discriminate in favor of any "school of medical practice" in the appointment of candidates for medical service in any of the departments of the Government. He alludes to the "Old School of Medicine" when meaning the medical profession, and complains of the restrictions of the Code of Ethics of the American Medical Association.

There is only one feature of the entire matter to which we desire to direct attention at this time. We have called attention particularly to the fact that the great objection made to *the* Code is its restriction in

the matter of consultations. So far as liberty is concerned in general professional relations with the public, the profession, and patients, we can not see how objection could be offered to that admirable application of the golden rule. It is the part which relates to consultations which furnishes the theme of Dr. Agnew's article, and to which our brethren in New York have from the beginning directed their attack. When it was observed that the most prominent and active advocates of the new code at that slimly-attended meeting of the New York State Society in which it was adopted were prominent specialists, the suspicion arose in every mind that a desire for consultation with irregulars for the pecuniary advantage it would give prompted their action. That this was the true motive of their conduct was freely charged, and it was indignantly repelled by the organ of the new departure in medical ethics.

Now, we would ask, is this persistence in urging the matter on the profession, in the face of the events of the past six months, calculated to remove this impression from the mind of that large and respectable body known as the medical profession? The profession of the entire country has expressed in unqualified terms its views and purposes relative to the movement inaugurated by the New York specialists, and it only remains for the advocates of the new code to accept the situation gracefully or to go out among the irregulars. One horn of this dilemma is inevitable.

THE State Board of Health of Kentucky was called by the president to meet in regular quarterly session, in this city, on the 16th inst. The meeting failed for want of a quorum. It is understood that a meeting will be held in January next.

IN consequence of hurried proof-reading a grammatical error crept into the last sentence of Dr. Jno. B. Richardson's paper contained in our issue of the 7th inst.

MISCELLANY.

TO THOSE of our readers especially interested in matters appertaining to sanitary science, and to physicians generally, the following communication just received from the office of the Sanitary Engineer will be read with gratification. No one interested in preventive medicine, and indeed no good citizen, could regard otherwise than with regret the action of the recent Congress in refusing the appropriation necessary for the publication of the Bulletin of the National Board of Health. That this publication will be incorporated with the Sanitary Engineer will be welcome intelligence to the profession, and at the same time it is an additional mark of the energy and ability of that excellent journal:

When the announcement that the Congress of the United States had refused to grant the appropriation needed to defray the expenses of continuing the publication of the Bulletin of the National Board of Health reached us we were in Europe. The expressions of regret at this action we there heard, and the complaints from all parts of this country which have since reached us from those capable of appreciating the value of these records, induced us to propose to the National Board of Health that we would give space to print the most important information heretofore published in the Bulletin, if the Board would place at our disposal such data as would enable us to make the necessary compilations.

This offer having been accepted, we have provided for a permanent increase in the size of The Sanitary Engineer, and one page, at least, in each issue will be devoted to the purpose of continuing, so far as we are able, the work hitherto performed by the Bulletin.

It may be well to state that in taking up this new feature our purpose is, first, to make this journal of more value to its readers; and secondly, it seemed to us desirable to keep together the corps of correspondents of the Board, many of whom might be unwilling to continue sending information not likely to be promptly available for public inspection and comparison. This work would have been begun sooner but for the fact of our absence from the country before alluded to. It is proposed to develop this department as rapidly as the interest in it is made manifest. Meanwhile we ask the indulgence of our readers for a few weeks, as it is hardly to be expected that our first attempt will show as full and complete information as we hope to give.

EDITORS OF THE SANITARY ENGINEER.

NEW YORK, October 12, 1882.

THE AMERICAN ACADEMY OF MEDICINE.—The seventh annual meeting of the American Academy of Medicine will be held in the Hall of the College of Physicians, Thirteenth and Locust Streets, Philadelphia, on Thursday, October 26, 1882. This organization is composed of members of the profession in the United States who have received

a degree in letters previous to receiving the degree in medicine. Its purpose is the advancement of medicine as a science, the improvement of its membership in professional attainments, and the encouragement of thorough academic study previous to entering upon the course of instruction in medicine. The Academy already numbers among its members many of the most learned and accomplished members of the profession in this country, and is destined to do a great work for the American profession. While only those physicians who have received the degree of A.B. or A.M. are eligible for membership, the organization deserves the encouragement of medical men every where. For information it is only necessary to address the efficient and accomplished secretary, Dr. Rich'd J. Dunglison, P.O. box 2386, Philadelphia, Pa.

THE DECLINE IN THE USE OF INTOXICATING LIQUORS.—The great diminution in the consumption of wine and spirits among all classes is a fact attested by the steady decrease of the revenue from those sources, which but a few years ago was attaining an amount of surprising magnitude. The untiring efforts of zealous advocates, and the activity of the various temperance organizations are obviously producing satisfactory results. Of the many influences at work in the promotion of the good cause, it may be mentioned that of late years, in the majority of the colleges at Oxford, measures have been taken to encourage temperance habits within their own bodies. This has led to temperance societies being formed in the different colleges, and the originators of the scheme have organized weekly entertainments in the course of the movement which, it is said, have both directly and indirectly raised the morality of the borough. It is noteworthy for its significance that public-house property, both in the metropolis and the provinces, is much depreciating in value. As an instance, out of ten London taverns submitted for public sale lately, the value of each being estimated at from £5,000 to £8,000, only one was sold, the biddings in all the other cases having fallen considerably short of the reserve price.—*Med. Times and Gazette*.

PULVIS DOVERI.—People whose "inward griefs and peristaltic woes" have been relieved by the powder of Dover do not generally know to whom they are indebted for this excellent compound. Dr. Dover was

a friend and probably pupil of the great Sydenham. He commenced practice in Bristol, where, having made some money, he longed to make more. The roll of the College of Physicians tells us that he joined with some merchants in fitting out two privateers for the South Seas, in one of which, the "Duke," he himself sailed from Bristol, August 2, 1708. On the passage out they touched at the island of Juan Fernandez, where Dover on February 2, 1708-9, found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In April following Dover took Ginaguil, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of twenty guns and one hundred and ninety men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in October, 1711. After this cruise Dr. Dover removed to London, where his practice soon became great. His patients, and the apothecaries who wished to consult him, addressed their letters to the Jerusalem Coffee-house, where at certain hours of the day he received most of his patients.—*Canadian Jour. of Med.*

M. MARTINEAU has treated six hundred syphilitic patients by subcutaneous injection of ammonio-mercuric peptone (British Med. Journal). He has performed eleven thousand injections in all. He has never had any mishaps, neither phlegmon nor abscess, even in a patient suffering from diabetes mellitus. He has hardly ever seen any signs of stomatitis or salivation, nor any of the phenomena of mercurial cachexia or gastrointestinal disturbance.

THE regular semi-annual meeting of the McDowell Medical Society will be held in Owensboro, Ky., on November 1st and 2d. This society has won an enviable reputation as a live and efficient organization, and its membership includes many of the best practitioners in Kentucky. A number of papers are announced for the coming meeting, and the occasion promises to be one of increased interest.

THE American Public Health Association held its annual session in Indianapolis during the past week.

THE new edition of Gross's Surgery is announced.

Original.

RETAINED MEMBRANES IN ABORTION.

BY WM. H. WATHEN, M. D.,

Professor of Obstetrics and Diseases of Women, Kentucky School of Medicine.

It is difficult for the average practitioner to retain in mind the details of the anatomy, physiology, and pathology of the fetal and maternal membranes in pregnancy, and in consequence he is exposed to errors that may result in serious injury to or death of his patient. He forgets that there is no placenta until after the end of the second month; that after its formation till the end of the fifth month it is very firmly attached to the uterus, due to the maternal development at this time being proportionately or relatively greater than the fetal development; and that its attachment from the end of the fifth month to full term is less firm and more easily separated.

I have been consulted by physicians of extensive experience as to the propriety of dilating the cervix and removing a retained placenta in an abortion before the end of the second month. There is no reason why every physician should not know that until the beginning of the third month the fetus is surrounded by only the two fetal membranes, the amnion and the chorion, and the two maternal membranes, the decidua reflexa and the decidua vera; and that in abortion previous to this time the membranes are usually thrown off intact with the fetus, and that there can be no retention of the placenta, and the retention of such membranes as may not be thrown off would not generally cause trouble. If these retained membranes cause hemorrhage, however, the application of the tincture of iodine to the uterine cavity or the removal of the shreds by means of the blunt wire curette will control it. In abortions after the formation of the placenta the membranes often rupture, and the fetus is expelled first and alone; the membranes are sometimes firmly adherent, and the cervix may contract so firmly that the uterus can not, for the time being, expel the placenta. If the os remains patulous and the placenta is not expelled, it should be carefully and thoroughly removed by the finger, the blunt wire curette, or the placental forceps. If there is hemorrhage after the removal of the placenta, it can be controlled by applying tincture of iodine to the uterine cavity, or by injecting into the cavity

water at a temperature of 120°. Where the cervix is contracted so closely that the placenta can not be removed by the above means, obstetricians differ as to whether it is better to dilate the cervix at once and remove the placenta, or to trust to Nature for the time being. If the woman is visited frequently, or is where she can be seen within short notice, it is probably well to wait twelve or twenty-four hours; but if the placenta is not now expelled it would be hazardous to delay longer, and it should be removed at once by the aid of artificial means. Where the woman is far away from her physician it is decidedly better to dilate the cervix at once with sponge or tupelo tents and remove the placenta.

There are so many serious complications that may arise from a retained placenta that it is never safe to allow it to remain in the uterus over twenty-four hours. If allowed to remain longer it may, in rare instances, possibly be absorbed and cause no trouble, but usually it remains as a foreign body and may cause serious and even fatal hemorrhage at any time. The complications to be most dreaded result from decomposition of the placenta, causing septicemia, or extensive inflammation in the cellular or peritoneal tissue about the uterus. Occasionally the placenta is converted into or surrounded by a fibrinous polypus which must be removed to prevent hemorrhage.

Where the abortion occurs before the end of the third month with retention of membranes, or where the fetus dies previous to that time, the membranes, or the membranes and the little placenta, may develop into an amorphous mass called a fleshy mole; or the chorion villi may degenerate into vesicular growths known as hydatiform degeneration of the villi of the chorion. In either of these conditions the mass will generally not be retained more than four months, but it has been retained for nearly a year, and until its expulsion we may at any time expect serious hemorrhage. If a positive diagnosis can be made the cervix should be dilated and the mass removed; but in most cases the condition is so masked that a correct diagnosis is almost impossible, and we have to await results and prepare for emergencies.

I subjoin the following report of cases illustrative of this subject:

CASE I.—*Probable Absorption of Fetus and Membranes.* Mrs. R., who had suffered three abortions, each in the fifth month of pregnancy, consulted me in December, 1881, to

determine if she was pregnant. Her menses had become irregular, which had never occurred except in her pregnancies in which she had aborted. She had the usual subjective symptoms of pregnancy, with enlargement and hardening of the breasts and discoloration of the areola. The uterus was enlarged to the size of a two months' pregnancy. The signs of pregnancy, with but little increased enlargement of the breasts and some enlargement of the abdomen, continued with the same menstrual irregularity until she counted herself four and a half months pregnant. On March 15th she had symptoms of a threatened abortion, with severe intermittent contractions of the uterus and considerable hemorrhage. This continued for several days, except when thoroughly under the influence of an opiate. Her pregnancy continued, as she supposed, until about the middle of April, but with no further enlargement of the breasts or abdomen. She had for several weeks felt what she conceived to be indistinct movements of the fetus. All motions now ceased and the breasts and abdomen began to decrease and were pretty soon reduced to nearly normal size. In an examination it was observed that the uterus was the size of a two months' pregnancy, and that the remaining enlargement of the abdomen was gaseous. She had no menses after her apparent effort to abort. Her health improved and she felt perfectly well except at intervals of four weeks, when she would have pain in the back, a sense of weight in the pelvis, and other signs of menstruation. I was now of the opinion that the fetus had died and that the retained membranes had developed into a fleshy mole. As she suffered no inconvenience I advised her to go about her affairs as usual, but to send for me at once if she observed any flow or had any uterine contractions. As she had no inward symptom I consented for her to go to her country home the last of June to spend the summer, having written full particulars of her case to her physician. At the time for her period in July she suffered very severe pains in her back and in the lower part of her abdomen, with no discharge of any sort. August 23d, after severe labor pains for several hours, she expelled a large mass which, upon examination, was observed to be the membranes and placenta enclosing a three months' fetus normal in appearance. She recovered in due time and is now enjoying excellent health with regular menstruation.

I now believe that she conceived some four and a half months before her effort to abort in March, and that the conception was destroyed at the beginning or previous to the formation of the placenta, and that the entire mass, membranes, placenta, and fetus, were dissolved and absorbed, and that, though ovulation was resumed, the partial product of the old conception prevented menstruation, and that the second conception occurred before it was all absorbed. Possibly some of the mass was thrown off with the final abortion, but I was not with her at this time. Instances of this sort are recorded and are by no means impossible, but are quite rare.

CASE II.—*Fleshy Mole*. In February, 1882, I was consulted by Mrs. T., who supposed she was suffering with some form of uterine disease. About a year ago, while under the treatment of Dr. John E. Crowe, she aborted during the third month. When she applied to Dr. Crowe she was complaining of metrorrhagia, and he did not suspect pregnancy until the abortion. All the membranes, she says, were removed, and she had no further trouble until a month before she came to me. The uterus was retroverted and three inches in depth, but I could discover nothing in its cavity. She had considerable metrorrhagia, and I observed no signs of pregnancy. As she was very anemic I ordered tonics and nourishing and easily-digested food. I made applications every four days of Churchill's tincture of iodine to the uterine cavity, and ordered one and a half gallons of hot water injected into the vagina twice daily. She improved some under this treatment and stopped coming to my office. In April I was called to see her and found her with lips pale, and so feeble from excessive loss of blood that she could not sit up in bed without having marked syncope. The uterus was four inches deep and perfectly flaccid, with an accumulation in its cavity. With a blunt wire curette I removed several large pieces of tissue resembling imperfectly developed placental tissue. Having gotten away all that could be removed I applied Churchill's tincture of iodine to the uterine cavity and tamponed the vagina. She lost but little blood, and rested well after the operation until 12 o'clock at night, when she had several severe uterine contractions. Upon removing the tampon next morning a large mass of tissue, such as was removed the afternoon previous, was found in the vagina, and the uterus had contracted nicely, with the depth

of its cavity only three inches. She had no further trouble, and soon got comparatively stout. She has recently become pregnant again and has had signs of an abortion.

It is possible that in the abortion in which Dr. Crowe attended her he failed to remove all the membranes, from which was developed the tissue which I removed. This may result from placental tissue or from the villi of that part of the chorion attached to the uterus at the decidua serotina; but the more probable explanation is that it resulted from another conception in which the fetus was destroyed early in its existence, and was dissolved in the amniotic liquid and absorbed without causing the expulsion of the membranes, which continued in an irregular state of development.

CASE III.—*Expulsion of Fetus inclosed in Amniotic Sac, with retained Placenta.* In November, 1881, I was called to the country to see a Mrs. —. I arrived at four o'clock in the afternoon, and was told by her husband that his wife became badly frightened the night previous, and afterward, in the act of urinating, passed without pain a two-months' fetus, with the membranes intact. He was positive that the pregnancy was not over two or two and a half months, and that the membranes were expelled with the fetus containing the liquor amnii. His wife said she had not passed the placenta, and asked me to remove it. I assured her that if the pregnancy was only two or two and a half months the placenta had only begun to form, and that it was certainly thrown off with the fetus, since the membranes were not ruptured. She had suffered no pain nor had any hemorrhage since the abortion, and the os was so contracted that the end of the finger could not be introduced. During the second or third day she had severe uterine contractions, and passed a mass about three inches in diameter, which a physician who was called in my absence told her was the placenta. He made no microscopical examination, and it may have been an organized blood-clot, which in general physical appearances closely resembles placental tissue. I know of no instance where the membranes were expelled entire with the fetus, leaving the placenta in the uterus. It might occur where the external fetal membrane only is ruptured and the cord severed at the point where it passes through the space between the chorion and amnion, leaving the chorion, the decidual membranes, and the placenta in the uterus, the amnion containing

the liquor amnii and the fetus being expelled.

CASE IV.—*Hydatiform Growths expelled from the Uterus in Utero-tubal Pregnancy.* In December, 1873, I was called to see Mrs. C., who was having considerable flooding and was suffering severely over the left inguinal region. In the preceding February she gave birth to a child, which lived only two months. She was unwell two months after delivery, and was regular till ten weeks before I saw her. Since her menses stopped she was nauseated a great deal, and she believed she was pregnant. The uterus was low in the pelvis and apparently retroverted, with slight dilatation of the os. There was great tenderness over the left inguinal region, with increased hardness and some enlargement. I kept her in bed under the influence of morphia. After a few days I had her taken to St. Joseph's Infirmary. She continued in about the same condition for three weeks, and then began to enlarge rapidly in the mesial line over the pubes. I could not come to any positive diagnosis, but suspected extra-uterine pregnancy, although this would not account for the central enlargement. Several eminent practitioners examined the patient, but differed widely in their conclusions, so that I derived no benefit from consultations with them. She now suffered almost constantly and enlarged so rapidly that in a month she was the size of a woman at term. About the last of January, 1874, she expelled half a gallon of dark clotted blood, when the abdomen correspondingly decreased in size. In a few days the abdomen began to increase, and in ten days there was another similar discharge of blood, followed by a diminution in the size of the tumor. An alternate increase and decrease in the size of the abdomen continued for three months, when after a discharge of blood there was expelled from the uterus, in a mass, nearly a gallon of hydatiform growths, from the size of a millet-seed to that of a cherry. All the abdominal enlargement was now gone, except that in the left side, which remained larger than one's fist. On the second day severe circumscribed peritonitis was developed in the vicinity of the tumor, and for a few days I thought she would not recover. After the acute symptoms subsided the tumor was immovable, having been surrounded with coagulated lymph. She continued to improve and soon regained her strength. At the end of the fourth month the tumor was mostly absorbed, and firm pressure caused no pain.

Her health has since been good and her menstruation regular, except when pregnant or nursing. She has had several children since, and at one time had twins.

The nature of the disease, which at first was so difficult to understand, seems now quite clear. That the little tumors were dropsy of the villi of the chorion there can be no question, for they could be confounded with nothing but hydatids of the uterus, a disease so extremely rare that it is doubtful if there are but few, if any, well-authenticated cases published. There could be no chorion without pregnancy, and if the fetus had been in the uterus some of its remains would probably have been discharged, but nothing of the kind was ever detected. Again, if the pregnancy was uterine how can we account for the early enlargement in the extra-uterine region, and that subsequent to the passage of the hydatiform growths? It must have been near the uterus from the fact that the degeneration was in its cavity. If it had been far out in the fallopian tube the membranes would naturally have ruptured and the contents fallen into the abdominal cavity. This case is probably unique.

CASE V.—*Expulsion of Fleshy Mole after Introduction of the Uterine Sound.* In the autumn of 1875 I was called to see Mrs. C., whom I had cured, six months previously, of chronic endometritis and metrorrhagia. She said she had been entirely relieved while under my treatment, and that her menses had been regular and natural; but nearly a month ago she began flooding every few days, with pain and a sense of weight in her pelvis, and that the old trouble had returned. She never suspected pregnancy, and the symptoms were so similar to those for which I had treated her the preceding spring that I was at once emboldened to introduce the sound well into the uterine cavity. To my surprise it entered to a depth of four inches. I now feared she was pregnant, but as there was no discharge of liquor amnii thought probably an abortion might not be induced. I told her to remain in bed, and to send for me in haste if she began having much pain or flooding. I was called in six hours, and before reaching her she had strong uterine contractions, and expelled something, after which she was relieved of pain and hemorrhage. In an examination of every thing she had passed from the uterus I could find no fetus, but only a fleshy mass with the usual characteristics of a mole. I was pleased to find I had not produced an abortion by the introduction of the sound,

but had accidentally accomplished what is to be desired in such cases. She recovered promptly, and during the year following gave birth to a healthy child.

LOUISVILLE.

Correspondence.

MANAGEMENT OF THE INSANE.

[Since our last issue we have received a number of communications from prominent alienists relative to the question of restraint and punishment in the management of the insane. Our space will not permit the publication of these communications in full, and we have selected the following extracts. The subject is one of great importance to physicians, and the views expressed below embody the most advanced ideas of the profession.—EDS.]

ALABAMA INSANE HOSPITAL,
TUSCALOOSA, October 9, 1882. }

DEAR SIRs: . . . Without stopping to discuss this vexed question, it is sufficient to state that the most reliable expert opinion is opposed to the adoption of punitive measures of any kind in the management of the insane; and the general principle, which we think admits of even a much broader application than is here insisted on, is, so far as we are informed, universally accepted and acted upon by those in charge of our best asylums for the insane both in this and foreign countries. When we call to mind the cruelties practiced, from time immemorial, both on lunatics and children, in the milder guise of punishment, it is not surprising that the system should have been totally abolished in the treatment of the one, and so modified in its application to the other as to have almost passed into disuse among intelligent parents.

In the matter of mechanical restraint there is more difference of opinion, and of course a greater diversity of practice among alienists in different parts of the world. In America, with few exceptions, a judicious system of restraint is insisted upon as productive of the best sanitary results. In other countries, especially in some of the best asylums in England and Scotland, restraints of all kinds are totally discarded. In many of these asylums the doors are never locked against the patients, and the latter are permitted to go in and out at will. It would occupy more of your time than you would

be willing to give to go fully into a description of this system. An interesting article, from the pen of Dr. J. Draper, on Insanity in Great Britain and upon the Continent of Europe, in the last July issue of the *Alienist and Neurologist*, will fully repay perusal, and will convince you very clearly that the principle of non-restraint, under favorable conditions, is at least quite practicable.

I am just in receipt, from the hands of the printer, of the advance sheets of my forthcoming annual report of this hospital, and, as the section under the head of General Management answers very explicitly these questions as to the duties and prerogatives of the nurses, I herewith inclose it.

In the treatment of our patients we have almost entirely succeeded in discarding mechanical restraint of every kind, and our intercourse with them is characterized by the utmost kindness, candor, and courtesy. There are no leather mittens, muffs, bed-straps, restraining-chairs, shower-baths, or other terrifying apparatus in use in this hospital. A stout suit of canvas which can not easily be torn is occasionally put upon those who persistently destroy or remove their clothing, and it may be necessary to confine to his room a very excited and dangerous patient for a short while or until his paroxysm subsides; but these expedients are seldom resorted to, and never without the approval in each case of one of the physicians. It often happens, for weeks at a time, that no recourse is had to either of the measures above alluded to. In passing through our hospital, especially among the most excitable class of the insane, visitors are surprised to witness so much order, quietude, and contentment on every side. . . .

We believe it quite possible that this principle of non-restraint may be carried so far as to be injurious in individual cases. We have often refused to allow a patient to be restrained when we knew that a little judicious coercion would do him good. The great objection to the use of mechanical apparatus for coercing a refractory patient is its liability to be abused. It is easier, safer, and far better, on the whole, whatever may be the advantages lost in a few individual cases, to discard it entirely when it can be done.

Much of our success in bringing about this pleasant state of things is undoubtedly due to the rigid discipline of the nurses and others who have any control of the patients. Rough usage or unkindness in any shape is positively forbidden on the part of the nurses, and when practiced is followed by a swift dismissal from our service. If a nurse strikes a patient for any cause—whether in self-defense or otherwise—he is immediately dismissed. When complaint is made by a patient of rough usage or impolite language on the part of his nurse, the matter is at once carefully investigated. Other patients in the ward with sufficient intelligence to give an opinion are often called upon for the facts, and if the allegations are established the nurse is discharged. In fact, it is a rule in this hospital that when a nurse fails to give reasonable satisfaction to his patients he is considered unfit for the place, and is recommended to resign. It is easy to gain the good will and even the affection of a large majority of the insane. They are not hard to please. The prime object in the es-

tablishment of such institutions as these is to secure to the unfortunate inmates the kindest care and the largest degree of personal comforts compatible with their condition, and any system which loses sight of this is fundamentally wrong and ought to be amended. . . .

Speaking of the value of a proper discipline of the nurses and employes about an establishment of this kind, I would state that the system established here twenty years ago of imposing a small fine in money for every careless or willful neglect of duty is still in vigorous operation. This system, so far as I know, is peculiar to this hospital; and, besides effecting a saving to the institution in money, it enforces an attention to duty which I am satisfied no other method can so easily and pleasantly effect. It serves too, I am further convinced, to secure us a more reliable and efficient corps of nurses and employes, since the insubordinate and worthless characters who are always on the lookout for easy places seldom apply to us for employment.

Very truly yours,
P. BRYCE, *Sup't.*

STATE LUNATIC ASYLUM,
ST. JOSEPH, MO., Oct. 10, 1882. }

DEAR SIR: . . . Corporal punishment for any purpose has long been abandoned by asylums every where. I do not consider punishment proper or necessary treatment of the insane. I do not consider humane, adequate, and protective restraints corporal punishment, but they are proper remedial agents in the treatment of lunatics.

Attendants in this institution are not permitted to control the restraining of the insane any more than they are the prescribing of medicine or the administration of other curative agents.

Very truly,
GEO. C. CATLETT, M.D.,
Superintendent.

OAK LAWN RETREAT FOR THE INSANE,
JACKSONVILLE, ILL., Oct. 10, 1882. }

DEAR SIR: . . . In some foreign institutions it is claimed that no bounds need be set, in the great majority of cases at least, upon the freedom of will in all particulars; that locked doors and barred windows are superfluous, and all minor restraints, personally applied, still more so.

Our American experience does not fully support this view, perhaps because our national character does not pay so much respect to the principle of mere authority and rule, or, it may be, there are fewer here who will be on good behavior if only well fed.

My personal observation of foreign asylums leads me to believe that, while the Celt, either sane or insane, bears the same temperament every where, insanity in other races of men is attended by a lower grade

of brain-action in the eastern hemisphere than in ours, and falls more easily into mere mechanical obedience to rule.

I do not believe our American specialists are one whit behind their foreign brethren in the spirit of humanity—indeed I believe them in advance; and if they have been less successful in controlling the insane by mere moral suasion it must be from reasons given.

ANDREW MCFARLAND, M.D.,
Superintendent.

NORTH CAROLINA INSANE ASYLUM,
RALEIGH, N. C., October 14, 1882. }

DEAR SIR: . . . Neither ducking, the use of the towel-bath as described, nor any other punishment as such, is *allowable* under any circumstances in the treatment of the insane.

Restraint with the *camisole*, or solitary confinement in a room for the protection of the patient himself or others, in some cases is not only allowable, but highly proper and necessary; but punishment or the unnecessary infliction of pain or discomfort, either to induce self-control or deter from acts of violence, *never; it would be the height of cruelty.*

I am, with much esteem, yours truly,
EUGENE GRISSOM.
Superintendent.

Books and Pamphlets.

A TREATISE ON HYPODERMATIC MEDICATION.
By Roberts Bartholow, M.D., LL.D., etc. Philadelphia: J. B. Lippincott & Co. 1882.

ON ASTHMA, ITS PATHOLOGY AND TREATMENT.
By Henry H. Salter, M.D., F.R.S., etc. New York: Wm. Wood & Co. 1882.

SYPHILIS. By V. Cornil, M.D. Translated by J. Henry C. Simes, M.D., and J. William White, M.D. Philadelphia: Henry C. Lea's Son & Co. 1882.

FISTULA, HEMORRHOIDS, PAINFUL ULCER, STRICTURE, PROLAPSES, AND OTHER DISEASES OF THE RECTUM. By William Allingham, F.R.C.S.E. Fourth edition. Philadelphia: Presley Blakiston. 1882.

[Extended notices of the above publications will appear in our next issue.]

WE have received the first number of the Journal of Cutaneous and Venereal Diseases, edited by Drs. Henry G. Piffard and Prince A. Morrow, of New York, and published by the well-known house of Wm. Wood & Co. The first paper in this number is by Dr. George H. Fox, and is illustrated with a handsome colored lithograph. All the matter contained in this issue is valuable, and the Journal promises to take a high rank in the literature of dermatology. It is a monthly.

Selections.

The Self-Limitation of Consumption.—Prof. Austin Flint, discussing this subject at the late meeting of the British Medical Association, said:

Pulmonary phthisis, in a certain proportion of cases, has a self-limited duration, the disease ceasing to exist after more or less progress of the local affection, all symptoms referable to the lungs disappearing, and recovery, as regards the general health, being complete. The disease is also self-limited in a certain proportion of cases in which lesions remain, giving rise to more or less of cough and expectoration, the persistence of these lesions not being incompatible with good general health and long duration of life.

It is an interesting fact that self-limitation is exemplified in the majority of the fatal cases of phthisis. As is well known, the disease, as a rule, advances not by a continuous progress, but by a series of successive invasions, separated by variable intervals. After each invasion, or, as it has been termed, tuberculous eruption, there is a temporary self-limitation of the disease. I will not venture on a discussion of the question whether this fact be sufficiently explained by the statement that each eruption of tubercles for a time exhausts the tuberculous cachexia, or whether the fact be owing to the production of successive broods of the bacilli tubercule. It suffices to state the clinical fact. . . .

In the cases ending favorably, which have been referred to as furnishing proof of a self-limited duration, the diagnostic symptoms and physical signs were so well marked as to leave no room for doubt as to the existence of phthisis. From cases which have come under my observation I have been led to believe that not very unfrequently phthisis ends by self-limitation *without having advanced far enough for the diagnosis to be considered as positive.* A patient has had for some time a slight cough, either dry or with a scanty expectoration; there has been some loss in weight, and the body heat is somewhat raised, with, perhaps, spitting of blood. These symptoms, taken in connection with the age of the patient, and, it may be, grounds for suspecting a congenital predisposition, point to a tuberculous affection. But examinations of the chest in such a case may fail to reveal distinct physical signs. Very likely the problem, as regards the physical diagnosis, is to determine whether at the summit of the chest on the right side there are abnormal signs, or only the normal points of disparity between the two sides. There may be found only a subcrepitant *râle*, or slight pleuritic rubbing, or an interrupted respiratory murmur at the summit on one side, without conclusive evidence of tuberculous solidification. Under these circumstances, the physician either commits his judgment to a diagnosis of incipient phthisis, or, as is more probable, he reserves an opinion for further developments. After a short time all the pulmonary and general symptoms disappear. Now, if incipient phthisis have been diagnosticated, the physician concludes that the diagnosis was erroneous. He feels obliged so to conclude, in consequence of the common belief that phthisis does not thus commence and end with self-limitation. But it is highly probable that the diagnosis was correct. Phthisis existed and ended in its incipency. It would be proper enough to distinguish these as cases of abortive phthisis. If

I mistake not, all medical observers of much experience will admit that the foregoing sketch represents a class of cases not extremely rare. That they are not very rare is a fair inference from the frequency with which the traces of an old abortive phthisical affection are found in bodies dead with other diseases than phthisis.

A topic of practical importance is the bearing of self-limitation on the prognosis in individual cases of phthisis. The analytical study of my collection of cases showed that, as a rule, in those which ended favorably from an intrinsic tendency, the tuberculous affection was moderate or small in amount, but that there are exceptions to this rule. All observers of much experience will agree that the prognosis in cases of phthisis is to be based more on the general condition of the patient than on the local symptoms and signs. In general terms, the symptoms which denote tolerance of the phthisical affection are those which indicate a favorable intrinsic tendency, and, on the other hand, pyrexia, progressive loss of weight, frequency of the heart's action, and anorexia, point to an opposite tendency. Of special importance, in a practical view, is the bearing of the doctrine of self-limitation on the conclusions to be drawn from observations respecting the agency of therapeutic and hygienic measures in the treatment of cases of phthisis. How many and various are the remedies which have been supposed to have been sometimes curative in cases of this disease! Instances of their apparent curative power have been attested by honest observers. Making the fullest allowance for errors in diagnosis, I can not doubt the credibility of more or less of these cases. Recovery has taken place under the employment of divers remedies; yet these remedies have so generally failed that, for the most part, they are now obsolete. The explanation of their apparent efficacy is to be found in the doctrine of self-limitation. The disease ended favorably, *not from a specific influence of the remedies, but from an intrinsic tendency*. This is not saying that the remedies may not have been, to a greater or less extent, serviceable. It may be laid down as a principle applicable to all diseases, that whenever experience has seemed to show success from treatment by a variety of remedies the efficient cause lies in the disease itself. . . . To accept this principle is not to disparage medicinal treatment. In certain cases of phthisis, as of other diseases, self-limitation is a factor co-working with curative measures, and, as perhaps may be added, sometimes effective in spite of measures which obstruct its operation. On the other hand, when this factor is feeble or wanting, curative treatment is not likely to prove of much avail. Evidently, in drawing conclusions respecting the curative effect of remedies allowance is to be made for this factor.—*British Med. Journal*.

Disease of Sexual Organs in the Insane.—

Dr. S. Daniels, a Russian physician, contributes an article to the *Deutsch. Med. Zeitung* on this mooted question. He has been making researches into the relative frequency of sexual disorders in the insane. Two hundred insane females were subjected to a gynecological examination, when the following results were obtained:

1. In 162 (nearly eighty per cent) some form of disease of the sexual organs was met with.
2. Of 140 women who menstruated, their ages

ranging from fifteen to forty-two years, only 20 were found who were entirely free from disorder of some kind or other.

3. Of 60 women who had ceased menstruating, from forty-two to seventy-five years of age, gynecological disease was found in 18.

4. Among the women who were menstruating, acute and chronic forms of endometritis of the whole organ prevailed in 40; of the cervix in 22; chronic inflammation of the body in 116 cases; of the cervix, 8 cases; complicated by erosions of the os in 12 cases; irregular menstruation, 28 cases. Then follow displacements, acute and chronic disorders of the ovaries and neighboring organs. Vaginal catarrh was more rare (7 cases); of the vulva, 4. There were 4 cases of rupture of perineum, and one case each of the following—viz., ovarian cyst, fibroma uteri, and papilloma urethre.

5. Among the non-menstruating women (excluding cases of senile atrophy), chronic inflammations of the uterus were specially noticeable (4 cases); old perineal ruptures, 4 cases; and, finally, so-called senile endometritis.

From the "mental" point of view, the cases might be classified as follows: (a) Menstruating: Idiocy, 1; epilepsy, with insanity, 15; hysteria, 11; progressive paralysis, 14; primary madness, 31; melancholia, 25; secondary imbecility, 10; puerperal melancholia, 5; mania, 18; alcoholism, 2; puerperal mania, 8. (b) Non-menstruating: Progressive paralysis, 10; melancholia, 10; primary insanity, 9; alcoholism, 3; secondary imbecility, 28.

Of those that were menstruating, 31 were virgins, 41 sterile, 68 had borne children—38 one child each, and 30 more than one. Of those not menstruating, 2 were virgins, 14 sterile, 44 multipara. Of these, 9 had had from 8 to 12 labors each.

These results show that the complication of mental disease with sexual disorders is a frequent occurrence that demands the greatest attention on the part of clinicians.

[Many people will think—and, perhaps, not improperly—that the Russian physician permitted a too eager spirit of inquiry to get the master of him, and carry him into fields it were better not to have entered. It is to be hoped that the time is yet far distant when the enthusiastic gynecologist in our own country will subject females who can not, from the nature of their complaint, give their consent to examinations from which they can not possibly derive any benefit themselves, and with which no pretension of treatment is associated.—TRANSLATOR.]—*Med. Press and Circular*.

Cancer of the Uterus.—M. Polaillon gives his views at length on *the treatment of cancer of the uterus*. From a clinical point of view he considers cancer of the uterus to consist of the scirrhus, the fibro-plastic, and the various cancroïdal forms. All should be looked upon as equally fatal in their tendencies, and as requiring radical removal, often without hope as to their non-recurrence. He distinguishes two conditions—the first where the body alone or the body and the neck are invaded, the second where the neck alone is concerned. In the first case, if the uterus were to be removed, the operation might be done either through the abdomen or through the vagina, according to the indications. The methods described are those which have been already mentioned in previous numbers of this journal, with the exception of B. Freund's modification of W. A.

Freund's operation. The original description of this modification appeared in the *Zeitschrift für Geburtshülfe und Gynäkologie*, Band vi, Heft 2, 1881, and the author had at that time practiced it only upon the cadaver. The operation is summarized as follows: 1. Dilatation of the vagina for several days before the operation. 2. Simultaneous amputation of the cervix and the vaginal culs-de-sac with the galvano-caustic loop, the wound being afterward prolonged backward into Douglas's cul-de-sac. 3. Tamponnade of the vagina to arrest the hemorrhage, and to raise the uterus. 4. Laparotomy. 5. Dissection of the vesico-uterine space. 6. Application of compressors, through the vagina, upon each of the broad ligaments, to replace the ligature *en masse* of the original operation; these compressors are to be left in the abdomen three or four days. 7. Cutting away the broad ligaments. 8. Closing the abdominal wound.

Schwartz's table of extirpations by the vagina, published in the *Revue de Chirurgie*, 1882, p. 501, contains the most recent information upon that subject. He gives a table of fifty-five cases in which this operation was performed, twenty of which were fatal. Even this favorable showing, of a mortality of 36.36 per cent, is no cause, according to the author, for encouraging the operation, since the disease is almost certain to recur, and it is the part of wisdom to give up a procedure whose benefit is so problematical. There is more hope in removing cancer of the cervix. The three forms under which it commonly appears are, (1) the tuberos, with hard irregularities upon it; (2) the ulcerous; (3) the vegetating, usually of an epitheliomatous nature. Of these the second is sometimes difficult of diagnosis, from its similarity to the conditions termed by the author "benign ulcerations." The various methods of amputation of the cervix are too well known to require recapitulation. He thinks most highly of the method with the galvano-caustic loop, and after employing this he is accustomed to apply Canquoin's paste to the wounded surface, thus securing free sloughing.

He thinks that operations for cancer of the cervix may result in a permanent cure. Two causes join to make such cures rare: first, defective and incomplete operation; second, delay for too long a time before operation. Upon the side of palliative treatment we may have either the surgical or the medical. In case of a fungus-like growth, a free use of Récamier's curette may be practiced, followed by the application of the acid nitrate of mercury. The author thinks such treatment rather harsh, and, as it is apt to be attended with great loss of blood, it is often positively contra-indicated. He is much more in favor of the use of the Paquelin cautery, or the points of Canquoin's paste.

As to medical treatment, this is often a last resort, where surgical aid has failed or is impossible. It is concerned with three accidents: pain, fetor, and hemorrhage. In case of the first, the different narcotics are called for, varied according to the circumstances. The second is met, often ineffectually, by the various disinfecting solutions in the form of injections; and this treatment may be followed by a dressing of iodoform, for example. Hemorrhage occurs oftenest in the vegetating and fungus varieties, and is sometimes very difficult to check. He prefers Canquoin's paste to all other hemostatics, applying it over the ulcerated surface, and securing it in position with bits of charpie.—*New York Med. Journal*.

Transplantation of Bone.—By Wm. Stokes, F.R.C.S.I. Address in Surgery before the British Medical Association, August, 1882:

The efforts to produce bone in experiments on the lower animals by periosteal transplantation have not been attended with any very marked success, nor have similar attempts in man been specially encouraging. In only one instance did Ollier obtain distinct evidence of bone formation from grafted periosteum. In the Indian rhinoplastic operation I have undoubtedly succeeded, after transplanting the membrane from the frontal bone, in satisfying myself of the existence of bone reproduction. When left attached to bone, as in Von Langenbeck's modification of this operation, the result has not been so good, owing to the liability to necrosis of the transplanted or detached portions of bone.

As regards bone transplantation I can not speak from any personal experience; but, in connection with this all-important subject, I must allude to the great stride made in this direction by Dr. McEwen, of Glasgow. The case of inter-human osseous transplantation in which over two thirds of the shaft of a humerus was restored, and an account of which was communicated to the Royal Society last year, is one which must stand out in bold relief in the history of this new departure in operative surgery—one which is with many others an outcome, indirectly, perhaps, but not the less a result, of antiseptic surgery. For the experience derived from observing the progress toward good union and without pus production of bad compound comminuted fractures when pieces of bone completely separated, and even detached from periosteum, have, after being antisepticized, been replaced, lived, and eventually united to the neighboring osseous structures, tends, as McEwen has pointed out, to show the probability of transplanted bone living. The practice of inter-human osseous transplantation is one which of necessity is applicable to only a very limited number of cases, and the means of carrying it out must rarely be available, as fresh, human, healthy osseous transplants can not often be obtained. The case, however, which I am glad to say I had an opportunity of examining, is so pregnant of interest, and so suggestive, that it must serve as an incentive to further effort to guide and encourage those working in this direction.—*Med. Press and Circular*.

Retention of Fetus During Six Years—Removal of Bones through the Anus.—Mr. Hough relates a case of a patient who in September, 1874, became pregnant for the first time, and menstruation ceased. In May she sent for Mr. Hough, on account of a slight discharge of clotted blood and some pain. Labor appeared to be commencing, and she was recommended to keep quiet, and send for a nurse; no vaginal examination made. In a few hours pain abated, and discharge ceased; at this time, distinct fetal movements felt, and fetal heart heard. She was seen from time to time till the autumn, but nothing occurred. The shape of the body altered, the tumor being more to one side, and the milk disappeared. In October she was seen by an eminent metropolitan surgeon, who diagnosed ovarian disease, and recommended her liquid extract of ergot; and, after taking this for a fortnight, the catamenia came on, and had continued regular from that time to the present. At the beginning of the present year she consulted Dr. Hough. At this time the great pain she suffered

rendered examination necessary. On examination *per rectum*, a large cavity, in which the bones of the fetal head could be felt, was discovered, and one by one were extracted the fetal bones, through the opening in the bowel, by the finger. The patient did extremely well, and at the present time (June 2d) no trace of the cavity remains, and she is in perfect health.

Dr. Humphrey gave an account of a similar case. The patient, aged twenty-four, had been married a year when the catamenia ceased, and breasts and abdomen began to enlarge, and for a time there was morning sickness. At full time symptoms of labor (recurring pains, with colored discharge) came on. The labor was unusually protracted. Upon examination, found os closed and neck of uterus small, hard, and firm. Enlargement of the abdomen was greater on right side than the left, and did not present the oval outline of the gravid uterus. Pains returned at intervals of a week or ten days for two months. She then became an in-patient in hospital, complaining at this time of constant pain in lower part of the body, and of a blood-stained, offensive discharge from vagina. On examination, a swelling was found occupying lower part of abdomen, extending from symphysis pubis to half inch above umbilicus; was dull on percussion. Os and cervix uteri were as in ordinary unimpregnated condition, and so undilatable it was found impossible satisfactorily to explore the interior of uterus. During her stay in hospital two fetal nails passed *per vaginam*. Two months later she complained of severe abdominal pain, and had a rigor; in a few days began to pass a large number of fetal bones by anus. From that time began to regain health and strength, and the catamenia since reestablished. Dr. Humphrey recently examined patient; there was still a firm swelling in pelvis, containing probably some bones, but nothing could be discovered by the finger in the rectum or vagina.

The important practical lesson to be deduced from these cases, and others like them which have been recorded, was that the result is often favorable when they are *left to themselves*. The chief dangers were in the earlier stages of extra-uterine fetation; but when the later stages were reached the prognosis was, on the whole, good.—*British Med. Journal*.

Fatty Tumors of the Palm of the Hand.—Lipoma of the palm is an infrequent but important affection. The diagnosis is attended with difficulty, for the tumors are often fluctuating; and in this, as well as their slow and painless growth and rounded outline, and the fact that they sometimes extend under the annular ligament, they resemble cysts of the synovial sheaths. When punctured, however, they do not yield fluid, but, on the contrary, a small pellet of fat may be extruded, which makes the diagnosis certain. The treatment is excision; but this should not be lightly undertaken, as in the palm these tumors do not grow from the subcutaneous fatty tissue, but from the fat under the deep fascia or between the muscles. Indeed, it has been suggested that in some cases they are developed from processes of the synovial sheaths of the flexor tendons, and are comparable with the arborescent lipoma of the synovial membrane of the knee described by Billroth. Great care must be taken to secure union of the wound by first intention, or the apparently simple operation may be followed by extensive suppuration in the palm and adhesion of the flexor tendons, with the result of a more or less useless member.—*The Lancet*.

A Man of Great Brain.—According to our excellent contemporary, Knowledge, the "heaviest brain ever weighed in the United States was taken from the skull of James H. Madden, who died at Leadville on July 6th. The doctor who attended him during his last sickness had observed the immense frontal and lateral development of his head, and determined to weigh the brain, but his astonishment was great when it brought down the scales at sixty-two and a quarter ounces. Cuvier's brain weighed sixty-four and a half ounces, considerably surpassing all other records; but the brains of Napoleon, Agassiz, and Webster, although phenomenally heavy, were much lighter than Madden's. It is an interesting circumstance that Madden was not a naturalist, a soldier, or a statesman, but a gambler."

Electrical Treatment of Angina Pectoris.—Dr. Löwenfeld relates a case of angina pectoris in which galvanization proved beneficial. The patient, a man aged forty-seven, was subject to attacks of the disease occurring every month or two. These were characterized by excited respiration, oppression, small, frequent pulse, sternal pain radiating to the left arm, and convulsive tremors of the limbs, and lasted about one hour. The heart was normal. The constant current was applied for one minute to each side of the neck along the course of the pneumogastric. The sense of oppression was immediately relieved. Ten such applications in the course of three weeks were followed by complete freedom from the attacks for more than two years.—*Lond. Pract.*

Oil of Peppermint in Zona.—Dr. Meredith writes: I have found the oleum menthe pip. more effective than any other form of anodyne application I have tried in allaying the neuralgic pains so often piteously complained of in cases of herpes zoster. These distressing pains, worse in elderly people, are complained of often when the eruption has disappeared; but painting the affected parts over with oleum menthe pip. nearly always affords speedy relief. I have painted the oil over the eruption when it was out in a fresh florid condition, and that with great relief to the patient. The value of this application in pains of neuralgic character deserves to be better known than it is.—*Birmingham Med. Review*.

An Accessory Placenta.—A woman recently gave birth at the Paris Maternité to a living child, head presentation. Fifteen minutes later the placenta appeared at the vulva, and yet could not be immediately removed. While the midwife was tying a ligature back of the portion expelled, a hemorrhage took place and a second placenta was expelled weighing forty grams, and the first one four hundred and ten. The two were formed by a membrane and a few ramifications of blood-vessels.—*Med. Press and Circular*.

Treatment of Chorea.—Dr. Bouchut's treatment *par excellence* of chorea consists in the administration of hydrate of chloral in large hypnotic doses, even for children. He orders for a child of six years thirty grains in *one dose*, the dose to be repeated every day and increased if necessary to forty or even sixty grains. The effect of this dose is six or eight hours' profound sleep, during which the child does not stir. After a couple of days the disease abates, and in about a fortnight the cure is obtained.—*Ibid.*

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No. 18.

LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

PROFESSIONAL RESPONSIBILITY IN THE ADMINISTRATION OF OPIUM.—It is a matter of general observation that the number of persons addicted to the opium habit has very greatly increased in this country since the introduction of the hypodermic method into medical practice. The escape from pain is so easy by this method, and the disturbance of the stomach is so materially lessened, that the extent and frequency of the exhibition of morphia has been greatly multiplied. The proportionately large number of persons in every community who have acquired the opium habit is known only to physicians. In almost every case it will be found that the fascination came on under the hypodermic administration of morphia. In many instances the syringe has been left in the house by the family physician, and some member of the family instructed as to its use. Self-administration once instituted can rarely be controlled or discontinued. It is well known too that the ecstasy of morphia exhilaration is of a very refined order, and few persons can resist the charm developed by its frequent repetition. Physicians should have these facts in mind while managing those cases of disease and injury necessitating a prolonged exhibition of opium, and especially when using the hypodermic syringe.

PROF. OLIVER WENDELL HOLMES, M.D., has resigned the Parkman Professorship of Anatomy in Harvard University, a position he has occupied for thirty-five years. No teacher of anatomy ever brought such va-

ried and extensive learning or more attractive diction with which to invest his subject than did Prof. Holmes in this capacity. To many instructive facts which he has contributed to medical science he has added numerous scholarly addresses and the romance of Elsie Venner, all of which have delighted thousands of his medical brethren. The profession will unite in wishing for him much of peace and pleasure in those elegant literary labors to which he will devote the evening of his life.

THE yellow fever epidemic continues unabated, and is especially severe at Pensacola. Some new cases have developed at Brownsville, Texas, among persons recently returned. The disease had almost ceased in consequence of exhausted material. On the 25th instant thirty-eight new cases were reported at Pensacola. The condition of this latter city must have been extremely insalubrious, as the present epidemic has renewed the scenes witnessed at Memphis in 1878. That the disease has been limited to these infected districts upon the border is highly creditable to our national sanitary system.

At the recent International Congress of Hygiene in Geneva the subject of the contagion of phthisis was discussed. The opinion of the Congress was opposed to the view that phthisis is a contagious disease to any marked degree, or to such extent that isolation is necessary. The Congress reaffirmed its approval of cremation as the best mode of disposing of the dead, and discussed with much ardor the influence of alcohol as a cause of death in Europe.

MISCELLANY.

BLISTERS IN ACUTE RHEUMATISM.—This venerable and forgotten treatment has lately been brought out in the pages of the *British Medical Journal* as a new and reliable method of curing rheumatic disease and of preventing heart complications. As far back as 1868 we gave this treatment—then an old idea renewed—a fair trial. In many cases a relief to painful joints was delightfully prompt. In some cases the blisters seemed to cure perfectly. Innumerable treatments have seemed to accomplish this; but in not a few cases even temporary relief was not obtained; and as a true cure it proved as unreliable as any of the host of agents then advocated as antidotes to the rheumatic poison. When applied extensively, strangury was sometimes produced. Some of the present advocates of the cantharidal treatment claim that it is not the vesication, but rather cantharides itself, which does the good. Dr. J. Ashburton Thompson, in the *British Medical Journal* of October 7th, says:

Dr. Gowans has already shown that the treatment of rheumatism by fly-blisters is not new, and I myself saw it used at Guy's Hospital at some time before the year 1868. The three conclusions which Dr. Gowans draws makes it tolerably clear—as, I think, it has been made clear before—that the action of the cantharides in acute rheumatism is constitutional and not local; and I beg leave to bring forward the following very short account of the result of an investigation which I made formerly of the effect of the internal administration of tincture of cantharides in that disease and in rheumatism. The probable value of this preparation was argued from observation of the apparently constitutional effect of blistering, and suggested to me by Dr. John Brunton. I considered that the argument received support from the fact that blistering with other things—with the acetum lythe, with carbolic acid, or with mustard—has no specially good effect even upon the state of the joint over which it is done. I therefore began to give tincture of cantharides internally, in doses of ten or fifteen minims every four hours, and almost always uncombined with any other drug or treatment.

I came to the following conclusions after five or six years' careful observation of cases under my own care only:

1. If treatment be begun early enough, the subject will not suffer from carditis. ("Early enough." I gathered observations tending to show that carditis does not happen if the treatment have forty-eight hours' start. I am not sure of this, but think it will probably be found to turn out so.)

2. Pain is often entirely removed, and always lessened.

3. The average duration of illness drawn from the whole number of attacks observed was not lessened.

4. The average severity of collective symptoms of illness is very greatly lessened.

5. In chronic rheumatism this treatment is of no avail.

6. Dysuria is produced by this treatment of acute rheumatism only exceptionally. (Occasionally; that is, two or three times during the observation of many cases.)

I am acquainted with no report of this treatment, which I have no reason to believe has ever been systematically used by any but myself; but I trust that in such a case it is not necessary to burden your columns with long clinical details in order to recommend it to the profession.

Our faith in salicylic acid in articular rheumatism is only augmented and strengthened by experience; and while we shall be inclined to give tincture of cantharides a trial where salicylic acid fails, as it does sometimes, yet we rank this latter remedy in rheumatism along with quinine in malarial diseases, iodide of potash in tertiary syphilis, and fresh vegetables and fruits in scurvy.

OBSTETRICS IN BURMAH.—Shway Yoe, a native of Burmah, and subject of the *Great Queen*, in a work on the life and notions of his countrymen, just published by Messrs. Macmillan, tells of curious practices observed in every Burmese lying-in-room. Directly the child is born, he says, the mother is rubbed all over with turmeric, and a big fire is lighted as near as the construction of the wooden or bamboo house permits, while rugs and blankets are heaped over her to the extent of the possessions of the family. As speedily as possible the midwife prepares a draught called green medicine, the composition of which is kept a secret. This the victim in bed has to drink perpetually during seven days, and for the same period, irrespective of the blankets and the time of the year, is heated up with big circular or lozenge-shaped bricks heated red-hot in the wood fire, dropped for a few seconds into a pot of water, and then wrapped in cloths and applied to the body of the mother. In addition, doses of turmeric are regularly administered, and every now and then she is made to smell a plant which is put in an earthen pot, strongly heated, and then triturated into the shape of a ball. All this is done to drive out the noxious humors which are supposed to be generated by the birth of a child. On the seventh day the woman takes an elementary kind of Turkish bath. She sits over a huge jar of hot water, medicated with tamarind-twigs, with a blanket over her. After an hour of this bath, she has a cold bath, and is then free to do as she pleases. She usually goes to bed. It might be supposed

that under this treatment death after child-bearing would be very frequent, but, as far as imperfect statistics can show, the percentage of mortality is not much higher than in other countries. The result, however, appears in another way. A woman ages ten or fifteen years for every child she bears.

. . . If a woman gives birth to a still-born child, a piece of iron is placed in the cloth in which the body is wrapped, or in the coffin, if there is one, and at the burial some member of the family says some such formula as, "Never more return into thy mother's womb till this metal becomes soft as down." If a married woman dies when advanced in pregnancy, the cesarian operation is performed, not with the view of saving the child, but with the purpose of burying it in a secret place apart from the mother, so that it may never trouble her again in her state of future existence.—*Med. Times and Gazette*.

THE TREATMENT OF ENLARGEMENT OF THE SPLEEN.—Injection of drugs into the substance of the spleen has been lately tried as a means of obtaining a reduction of the bulk of the organ in cases of hypertrophy. Hammond obtained a rapid reduction in size by the injection of ergot. Kussmaul, of Strasburg, endeavored to lessen the size of the organ by simple puncture with a large needle, hoping thus to produce a hemorrhagic infarct which might cause some atrophic shrinking, and by repetitions of the process a considerable reduction in size of the organ. The result, however, disappointed his expectation, for no marked effect was produced by fourteen punctures. Galvanopuncture was tried four times, with no better result. A parenchymatous injection of one gram of sclerotic acid was made, and death followed in six hours. At the autopsy no trace of hemorrhagic infarct could be found in the organ; only around one of the punctures was there a reddish zone. The patient was suffering from leucocythemia, and, whether death was caused by the sclerotic acid or not, the lesson is certainly taught that injections should be made into the substance of the spleen in that disease with extreme caution.

Mosler, of Greifswald, has tried injections in other forms of enlargement with success, but prefers Fowler's solution to ergot, and has found those cases most suitable in which the spleen is hard. He thinks it well, also, to apply ice to the splenic region for some hours before an injection is given.

A remarkably good result has been reported by a St. Louis physician, Dr. Emanuel, of the internal use of ergot. The patient was a gentleman forty-three years of age, whose spleen was so much enlarged as to fill almost the whole of the abdominal cavity. It was firm and tender, and the patient affirmed that the swelling had existed for two weeks only. There was no history of malarial disease. Thirty drops of Squibb's extract of ergot were given three times a day, and the dose gradually increased to sixty drops. In three days the spleen had lost much of its hardness, although its size remained nearly the same. A week later, however, it was distinctly smaller; every day the diminution went on, and in a few days more the spleen was reduced to nearly the normal size.—*The Lancet*.

[Experimental murder is a better title for these unnecessary and unjustifiable operations on the spleen. When we have in quinine, iodide of potash, iron, arsenic and ergot remedies capable of curing all but the malignant enlargements of the spleen, why should hazardous experiments of improbable benefit be tried?—EDS. OF NEWS.]

INTERMARRIAGE AND OBSTETRICS IN THE BASÉ COUNTRY.—Mr. Josiah Williams, L.R.C.P., in some notes of travels in Egypt published in the British Medical Journal, says:

The young sheik, about twenty-eight probably, was a fine-looking fellow, about six feet in height, as straight as a dart, and the possessor of fine, well-developed limbs. . . . Their foreheads are narrow and receding. They have not the thick lips and broad, flat noses of the negro, but they certainly more approach the negro type than any other tribes of the neighborhood. Their food consists of the young root and nut of the dhom-palm, wild honey, the nuts of the hebbuck and hagluk trees, the fruit of the baobab, lizards, snakes, and monkeys, and any meat they can get; milk also, but this does not seem so very plentiful. . . . The women, as a rule, are much better looking than the men.

This country would be virgin soil for missionary enterprise, as they have no religion, and marry their daughters, sisters, cousins, and their aunts.

[It would seem from Mr. Williams's description that intermarriage is no more degenerating in its effects upon the physical qualities of these people than it is upon pigeons and partridges. The popular belief in the dangers of consanguineous marriage

has probably only traditional prejudice and inaccurate observation as its foundation.—EDS. OF NEWS.]

HOW PARTURITION IS MANAGED BY THE BENIAMIR ARABS AND THE ABYSSINIANS.—When a woman is in labor she is attended by some knowing old woman (they would rather die than let a man come near them). Should the labor be protracted, a rope is put under each arm and attached to a piece of wood overhead. On this rope she presses each time she has a pain, and in this standing position she is delivered. I asked, "How do you manage, supposing the child is in such a position as to require instrumental interference?" "Well, then," he said, "we can do nothing, and she has to die." Should she suffer from flooding, she is put to sit in hot water for ten minutes, and then a bandage is wound around her several times as tightly as it can be put; a decoction is then given her to drink made from tamarinds and the leaves of some tree, the name of which I was unable to ascertain; and if she lives she is not allowed to taste water for seven days, but has nothing but warm milk.

The Abyssinian mode of conducting labor is also curious. The woman lies upon her back, two stones are pushed under her buttocks, two women grasp her legs, and just as the child is entering the world a tray full of flour is put under to receive it.—*Ibid.*

DEATH FROM WOUNDS AND DISEASE IN WAR.—Sir Rutherford Alcock, in the British Med. Journal, says: The total loss by the sword during our twenty-two years' war consequent on the French Revolution, including Waterloo and Trafalgar, appears by the War Office returns to have been under twenty thousand; but the loss by disease Mr. Chadwick asserts, I believe upon good evidence, was more than three to one, or sixty thousand.

PEROXIDE OF HYDROGEN.—Applied twice or thrice daily, this substance will decolorize hair, it is said. If this be true, it may possess the same power over liver-spots, freckles, scar stains, and other chromatoses. The experiment should be tried, since these disfigurements are often sources of annoyance, and are but little amenable to any known treatment.

DR. J. MARION SIMS will sail for Europe soon. It is understood that he will spend the winter in Rome to recuperate his health.

Original.

FOUR CASES OF STRANGULATED HERNIA.*

BY AP MORGAN VANCE, M. D.,

*Surgeon to Kentucky Infirmary for Women and Children
and to the Louisville City Hospital; Clinical
Lecturer on Orthopedic Surgery in the
Hospital College of Medicine.*

Strangulated hernia is an emergency that we are liable to meet at any time. It always requires the promptest action upon the part of a surgeon, who often finds it very trying from the difficulty of making the patient and his friends understand the great danger of the situation. The operation for relief of this condition is one of the most delicate and difficult in surgery, yet we dare not hesitate and must operate as soon as the indications are present. These indications have been so often and lucidly described in our text-books on surgery that I will not repeat them here, but simply report four cases of this condition occurring in my own experience within the past year.

CASE I.—On July 29, 1881, while driving with Dr. Cummins, we were called upon to see Mrs. G., aged seventy-eight. We found her in great agony, having convulsions and vomiting at intervals. An examination revealed a left femoral hernia, about the size of a hen's egg, very hard and tender. The history obtained was as follows: Protrusion first appeared seventeen years before, while patient was lifting a mattress. Had never worn any efficient truss; often found it difficult to return the lump, once or twice requiring the aid of a surgeon and an anesthetic. That morning, while ascending the stairs, she was seized with acute pain at site of the rupture, which continued, increasing until the time we saw her, she making inefficient attempts at reduction.

Chloroform was administered to complete anesthesia and careful taxis made. Dr. C. and I agreed that the knife was the only resort. I kept the patient slightly under the anesthetic while he went to his office for instruments, and within thirty minutes from time of seeing patient he cut down on tumor, the sac was revealed and opened, one ounce of bloody serum being evacuated and a coil of blackened, congested gut brought into view. The constriction was so tight that with great difficulty the hernia-knife was teased into it. A slight nick upward being made, the gut "welled" up around the knife,

*Read before the Central Kentucky Medical Association, at Crab Orchard, Ky., July 14, 1882.

requiring our combined efforts to prevent it being injured. When the knife was withdrawn the intestine returned with a gurgle. No vessel requiring ligation was divided, and the wound was closed with four stitches. A compress and T-bandage were applied. No constitutional disturbance ensued; the wound healed almost entirely by first intention. The stitches were removed on fourth day, and patient taken to her own home, two blocks away, she having been taken ill at a neighbor's. She was enjoined to keep quiet in bed, but did not obey, getting up every day to empty the bladder. Despite this and other similar indiscretions she had no bad symptoms, and in four weeks was in her usual health and spirits. At this time the hernia was apparently cured, there being no impulse upon coughing. I understand that it has since returned, but can not be positive on this point, as she will not submit to examination.

The next case is in a patient at the other extreme of life, and was reported last spring to the Medico-Chirurgical Society in our city, and the little patient exhibited. I will quote it here as published in the *LOUISVILLE MEDICAL NEWS* about that time:

CASE II.—“Baby” S., male, aged three months, was referred to me by Dr. George W. Griffiths, December 13, 1881, for special treatment. I found a right oblique inguinal hernia complete, the size of an English walnut, reducible and easily retained by a truss, which was applied, and a second one furnished. The mother was taught to apply the instrument properly and full directions given as to her part in the treatment.

I saw the case once a week, and it was progressing nicely up to January 12, 1882, when the mother brought the baby to my office with this report: Two days before the pad had produced a little redness, and she had removed the truss, as the child cried. That morning, after a fit of crying, she could not reduce the hernia, and had been trying to do so all day.

It was three o'clock in the afternoon when I saw the patient. The child was in a kind of stupor, crying out sharply at intervals. I found the hernial tumor very hard and tender, the child only rousing thoroughly when it was handled. After a few moments' gentle taxis I decided it could not be reduced by this method alone. I sent the patient home, and within a very few minutes, with the assistance of Dr. Cecil, chloroform was administered. This was not taken kindly at all, though complete anesthesia was produced.

Reduction was still impossible. The tumor was very hard, and after a thorough trial of taxis it was decided that an operation was the only resort; and, as the child was showing signs of much exhaustion, the sooner it was done the better. Dr. Griffiths was telephoned for, and within half an hour after the child had left the office I cut down on the tumor, Dr. Cecil again giving the anesthetic, the child's breathing during the whole time being very bad. The sac was quickly exposed, two or three strokes of the knife dividing skin and fat almost to the sac, when the remaining structures were divided upon a director, partly with the knife and partly with the finger-nail. An artery of considerable size was divided, bleeding being controlled instantly by a Sabine forceps. This was removed in a moment, and no further hemorrhage occurred. The sac was very dark with a grayish tinge. The constriction at the neck of the sac was so tight that the smallest probe could not be introduced. It was impossible to use an ordinary hernia-knife to relieve the constriction. So after teasing the end of a small director into the canal a very little way, I slipped along it the smallest probe-pointed knife I had, and made a slight nick directly upward; the director was removed, and with a gurgling sound the protrusion ascended. The sac was not opened. No antiseptic precautions were used, except that the instruments and sponges were placed in a two-and-a-half-per-cent solution of carbolic acid. Four or five sutures were introduced, the edges of the wound being brought evenly together. A wet compress and bandage finished the dressing.

The patient suffered little or no shock, and was nursing in a few hours. The bowels acted in four hours naturally. On the third day the stitches were removed. The wound was healed almost entirely. There was a short space near its center that granulated, and a little pus came from the stitch-holes for a few days. There was little or no constitutional disturbance, the temperature remaining about normal; once, on the evening of the fourth day, it went up to 100.8° Fahr.

Strangulation rarely occurs in herniæ of patients so young as this. I have seen but one other case, in an infant of six months, operated upon by Dr. Dennis, of New York, and reported in a paper on hernia in children, by Edward Swasey, M.D. I have seen the report of a case operated upon by Mr. J. M. Cotterell, of Edinburgh, in the British

Med. Journal, March 21, 1881. This child was but two months of age. In both cases the sac was opened, and both resulted in radical cures.

[The patient was then examined by the members of the society. During the examination, while the supports were off, the prepuce was handled, and the child had a severe fit of crying. This was a fair test of the radical cure of the hernia. There was not even an impulse at the site of the wound.]

CASE III.—Man, aged thirty-eight, colored, referred by Prof. H., March 29, 1882. I found him suffering greatly from shock, pinched face, cold extremities, and having convulsions every few minutes. History was that he had been the subject of hernia on both sides since he could remember. Had worn truss for the last twelve years, during which time a large mass had remained in scrotum on left side, which was irreducible; a reducible portion descending at times, to retain which the truss was worn. That morning at seven o'clock, fifteen hours before I saw him, he had made a heavy lift and felt the hernia descend; was instantly seized with great pain and fell prostrate, remaining in that condition—being alone in a large building—till about noon he was able to crawl to the door and attract the notice of passers in the street. He was removed to his home, continuing to suffer intensely, making fierce efforts at reduction by taxis, thereby only worsening his condition.

Upon examination at 10 P.M. I found the left side of scrotum filled with a hard mass, excessively tender, the patient being convulsed whenever it was handled. I decided that the only chance for life was to operate at once, and that was small. Within half an hour, with the assistance of Dr. C. and a student, the man was chloroformed. The apartment was small, close, and dark as possible. With two negro men holding lights, I carefully exposed the sac and opened it. An immense "cabbage-head" like mass of omentum came out upon the abdomen and thigh, a large coil of dark gut lying upon outer side of this, the testicle being in the same sac.

At this point in the operation the two men holding lights grew sick, and, while making a new arrangement for light, Dr. C. was overcome by the anesthetic, the room being close. The situation was growing tragic, as my whole attention was required to keep the disemboweled man on the table. Fortunately for all, the open air soon re-

lieved Dr. C., who quickly had the patient quiet, and the operation was resumed. The constriction was found high up in neck of sac, and this was perfectly movable in canal. It was impossible to use the knife, for whenever the finger was introduced as a guide, the sac and contents would be pushed up. The constriction could be felt only by pressing the finger as far as possible up the canal. I was puzzled for the moment how to dilate it, and decided to use my finger as a wedge, first pulling down the sac with my left hand, while I forced the index-finger of right into constriction, protecting the gut by keeping the mass of omentum between it and my finger. In this way the "nip" was loosened, and the gut returned.

What was to be done with the protruding omentum? It would be bad surgery to return it into the abdomen, bruised as it was by the terrible taxis employed by patient; beside, its size rendered return impossible. There being nothing left but to cut it off, I did so, first legating it at external ring. The wound was closed by interrupted stitches, and a compress applied.

This man died at end of fifth day, there having been no sign of peritonitis. He rallied well after operation, complained only of sharp pains occasionally in chest, dying apparently of heart failure. Had been the subject of rheumatism. No post mortem was obtained.

CASE IV.—June 22, 1882. Mr. G., aged thirty-four, baker, a patient of Drs. P. and M., a large, powerful man, had been ruptured a number of years; had worn truss, but never had hernia perfectly retained. At noon, after eating his dinner, he lifted a heavy barrel, and felt pain about hernia, which on examination he found was out. The pain increasing he called in family physician, who tried taxis and position without avail, and then advised operation. When I saw him at 7 P.M., the tumor, a right oblique inguinal hernia, was hard, and felt like the contents were omental, but was too tender. Chloroform was administered, but reduction by taxis was found impossible. The sac was quickly exposed and opened, a little bloody serum evacuated, and an immense coil of gut made its appearance through opening; it was in good condition. The constriction was not in canal, but in neck of sac. The canal admitting easily the index-finger, the band which caused the constriction of gut was carefully divided on a director. The gut was ecchymosed in spots under it, showing how tight the constriction

had been. With a good deal of difficulty the intestine was returned, not, however, until the patient's hips had been raised, bringing gravity to our aid in accomplishing reduction.

The question now arose as to what should be done to further the chance of a radical cure. The sac was so closely adherent to scrotal tissue that the operation of its ligation and removal would be too dangerous. So I modified it, and ligated the sac without removal, i. e. I put in a "draw string," and tied it tightly. The patient had no bad symptom, his wound healed, except the lower angle, where the ligature came out, by first intention. On the seventeenth day the ligature came away, and on the twenty-first day the man was well, and his rupture cured, so far as could be ascertained. No antiseptic precautions were used in any of these cures, other than the use of a weak solution of carb. acid, or listerine, from which to take the instruments and sponges.

The conclusions to be drawn from these cases are:

1. Lose no time in deciding whether to use the knife or not, for, if the operation be called for, each minute's delay increases the chances of fatal result. I would rather cut when it was not needed, than run the risk of this fact being demonstrated by waiting. If you doubt, give the patient the benefit of the doubt by cutting.

2. It is, I think, a question whether opium should be given so freely in such cases, as advised by some surgeons, as an antiphlogistic measure. I believe that in a great many cases, especially in old herniæ, that the sac is no longer true peritoneum, and is not so liable to inflammation.

3. That in addition to the relief and return of the protrusion we should endeavor to promote a radical cure by some procedure that will not further endanger the life of the patient. What this shall be is a difficult question to answer. The surgeon must be guided by circumstances peculiar to each case. Dr. Ed. Von Donhoff, of Louisville, recently performed an operation for this purpose. He dissected the thickened sac away from its close adhesion to surrounding tissues, cut it off at external ring, closing it with strong suture, including the subjacent skin in the suture. The result was excellent up to time of reporting case—three months after operation.

4. Always be careful in your prognosis either as to life or radical cure.

LOUISVILLE.

HYSTERIA IN THE MALE.

BY J. STEELE BAILEY, M. D.

It is a rare event that we meet with hysteria in man, and when it occurs we are told that overwork, anxiety, and "great strain" upon the intellectual and moral faculties are the causes which induce it. Because of its rarity in the male, and the agencies which conduced to its development, I am permitted to report, briefly, the following case. While the hysterical condition is the most profitable and safe of diseases in the catalogue of the ills that flesh is heir to, none are more difficult to contend with: In this instance, a perversion of physical health, an interference with the nutritive processes by a week's indulgence in alcoholic stimulants, eating but little during the time, seemed to be the root of the evil, but that which precipitated the attack was a certain lecture upon intemperance by his father, from whom he had always gotten sympathy and attention; for as soon as pater-familias had ceased giving him the "metaphorical stone" he fell into a fit which lasted fully five minutes. Thus was given a good illustration of Marshall Hall's views on hysteria: "A perversity; an insaniata, originating in bodily disorder or mental affection, and perpetuated by a morbid indulgence in temper."

The subject of this report, Mr. B., is twenty-five years of age, delicate build, married, and possessed of a most sensitive nature. He came to me a few days ago complaining of pain in his stomach and at the lower part of the left side of the abdomen; his tongue was coated, the bowels constipated, nausea, without appetite, and expressed a degree of dysphoria—an inability to endure himself. I prescribed quietude and a laxative in combination with an opiate. I saw him no more for several days. In my absence another physician was called, who saw him about an hour after the first paroxysm, at 1 o'clock P.M., Wednesday. He administered at once, in each arm, hypodermically, one third grain morph. sulph., and, waiting a few minutes, gave him a large dose of potas. bromid. The patient soon fell into a doze, when the doctor made his departure. His attendants relate that in fifteen minutes he was awake, and fully convulsed.

I saw him on Thursday at 5 o'clock P.M. The pulse was beating naturally, no heat of skin, the mind appeared dulled, yet he answered my question as to whether or not he suffered pain by placing his hand over the

abdomen. The breathing was easy in the interparoxysmal state, but when a fit came, spasm about the pharynx and glottis made the breathing laborious; he would beat his breast, writhe his body to and fro, and complain of a lump in his throat which choked him; the flexors of the arm were in extreme tension, and he threw his limbs in a disorderly manner, then the trunk would be flexed upon the thighs, when suddenly he would appear to lose voluntary power and self-control, and lie quietly in the last position, faint and half stupefied, the tears flowing freely down his cheeks. The spasms were repeated every five minutes, their duration varying, the veins of the neck were distended, and he complained of pain along the cheeks and behind the ears. A peculiar symptom was anesthesia of the hands, and calves of both legs. To the friends, who now were anxious, I pronounced the disease, unmistakably, hysterical convulsions, and assured them of a safe prognosis.

The treatment pursued was empirical. I tried hot baths; I gave morph. sulph. in one-third and one-half grain doses, repeated every hour or two; I gave him potas. bromid. in fifty grain doses without influencing the paroxysms for the better. I then wrote for—

R Chloral hydrate.....	℥ iij;
Potass. bromid.....	℥ iv;
Tinct. asafetida.....	℥ ss;
Syrup	℥ ss;
Water.....	℥ v.

M. Sig. A tablespoonful to be taken every two hours until sleep is induced. After the fourth quantity he fell asleep and was quiet for five hours.

The following day I saw him at 9 o'clock A.M. He was said to be quiet and better; a relative going into the sick-room with me, however, was enough to set him going again. I ordered every body but one attendant away, the medicine was continued, and by 5 o'clock P.M. he was so far restored as to walk into the next room and get in bed with his wife, whose confinement had occurred a few days before. I had treated this gentleman in July for intestinal neuralgia, following an excess of spirits, and then I observed his nervous temperament. It was with discrimination, patience, and "sweet words" to bolster him that I cleared him of bed in a couple of weeks. The hysterical condition, the "temper-disease," was very manifest.

What were the determining influences in this case? The same as those that intensify

all nervous diseases: a predisposing nervous state, debility of the body from lack of food, loss of sleep, worry, perpetual thirst for attention as the prodigal pet and not receiving it. The pain he suffered was enteralgia induced by whisky, continuing which the bodily functions were disordered; then came the scolding by pater familias, the emotions were at the highest pitch, the aura passed to the epigastric ganglia, and concentrating there gave rise to the suffocation and distress characteristic of the disease, the other symptoms following in quick succession.

In concluding this article, which has unconsciously been drawn out, I will quote Edward John Tilt (Braithwaite, January, 1872): "Coming to the most important causes of hysteria—those originating in the viscera—I will first remark that, as with our mental acts, so with our emotions, they are conceived in the brain; and that old physiology and the poetry of all times have erred in placing the actual origin of our passions in our abdominal organs. Still, universal concert shows how strongly they are acted on by emotion—that, in fact, in the viscera are the reflex centers of emotion that stimulate the nervous system to emotional acts.

STANFORD, KY.

Correspondence.

ADMINISTRATION OF CHLOROFORM IN OBSTETRICAL PRACTICE WITHOUT AN ASSISTANT.

Editors Louisville Medical News:

A few years ago a medical friend who had retired from the profession, while discussing with the writer the relative merits of anesthetics and the variety of *inhalers* that had been invented for their administration, remarked that he preferred a common glass goblet to them all. Soon after this conversation I was called to a case of labor, and was requested by the husband, who was the messenger, to be as quick as possible, as she "had a gush of blood now and then." Suspecting "placenta previa," I carried my obstetrical bag. It was—as usual on such occasions—night, and intensely dark. Arriving at the house, the situation was found precisely as anticipated—a complete presentation of the placenta, with oozing of blood. Taking in the situation at a glance, and knowing that whatever course was pursued

must be traversed at once (as the head was too far advanced to admit of turning), I determined to detach the placenta and deliver with the forceps. My friend's suggestion happily occurred to me just as the above conclusion was reached, and under the circumstances it proved one of great value, since there was no one to administer chloroform.

The woman was placed in forceps position, and an ordinary glass goblet, with a lady's handkerchief stuffed in it, leaving an inch or two of space at the rim of the goblet to keep the chloroform from coming in contact with the lips and nose. The handkerchief was then saturated with chloroform and she made to grasp the stem of the goblet and place it so as to cover both mouth and nose, and instructed to inhale it rapidly and constantly, knowing when sufficiently under its influence the goblet would fall from her relaxed hand. When this occurred I was ready with the forceps and detached the placenta, applied the instruments, and without waiting for the regular uterine contractions, delivered a female child of good size without delay or the consciousness of the mother. The child required only a few pats of the hand dipped in cold water to shock its lungs into action. The woman came quickly and kindly from under the chloroform, and by slight titillations of the hand in utero, by way of exciting contractions, which it did promptly, the hemorrhage ceased. She made a good recovery without departure from the ordinary course of puerperal convalescence.

Since that time I have used no other inhaler or required an assistant in about thirty cases of natural labor—cases in which the friends permitted the use of chloroform simply to modify the pains. I have relied upon this self-administration of chloroform in two cases of forceps delivery, not requiring an assistant. I now use this method in all gynecological operations of minor character which require an anesthetic, in preference to trusting its administration to the usual female assistant. I do not believe by this method of self-administration, the continuance of which depends on the ability of the patient to grasp the goblet, that an overdose can be given. I have for twelve years given chloroform in every case of labor where the patient desired it and the friends did not object. I give it regardless of the stage of labor, but it is seldom required in the first stage.

In normal labor the patient will hold the

goblet to her mouth as the pain is coming on with a firm grasp, but as she comes under the influence of the chloroform she will gradually relax her hold and let it roll off on the bed beside her, and as the pains return enough to arouse her she will invariably reach out and grasp the goblet again and suck at its brim with the greatest eagerness.

It is seldom necessary to pour more than a teaspoonful of chloroform on the handkerchief at a time. Sometimes the handkerchief will not remain in the goblet when it is allowed to fall on the bed. When this is the case, I simply pass a tape across two diameters of the brim of the goblet and bring them down and tie them to the stem.

This simple contrivance, as suggested by my friend some time ago, I have found superior to all other inhalers ever invented or suggested, either for self-administration or in the administration of the anesthetic in surgical cases. Its advantages may be summed up as follows:

1. It is always at hand and can be had in any household.
2. It prevents waste of the anesthetic.
3. It permits at all times, without special attention of the physician, sufficient atmosphere to intermix with the anesthetic.
4. On account of the peculiar manner in which the goblet *does not* fit the mouth and nose there is no necessity for intermitting the application, which has always been my constant custom before I tried the goblet and handkerchief, and with the usual cones of handkerchief, towel, paper, and sponge, or the specially manufactured inhalers.

I do not think there are any contra-indications to the employment of chloroform where a sufficient amount of atmosphere is intermixed with its vapor and it is administered slowly and with proper caution in watching the respiratory movements. I never use any other anesthetic, and consider it more prompt, less offensive and even safer than ether. I have administered it hundreds of times, and never saw but two cases in which alarming symptoms were developed, and in these instances the patients were quickly restored.

Though a little thing to write so much about, yet on trial your numerous readers will be so much pleased with it that they will consider the time well spent in winnowing so much chaff, even to find so little wheat. Attention to small things often makes us masters of great ones.

J. P. THOMAS, M.D.

PEMBROKE, KY., October 25, 1882.

Reviews.

Manual for the Physiological Laboratory. By VINCENT HARRIS, M.D. (Lond.), M.R.C.S., Demonstrator of Physiology at St. Bartholomew's Hospital, etc., and D'ARCY POWER, M. A. (Oxon.), M.R.C.S., late Assistant Demonstrator of Physiology at St. Bartholomew's Hospital. Second edition, with forty-five illustrations. New York: Wm. Wood & Co. 1882.

This work is divided into three parts. Part I is devoted to practical histology, and after some simple instructions in microscopical technology, the various tissues of the human body, with directions for their preparation, are described each in a separate paragraph under a distinct head. This simplifies the study of practical histology to a marked degree, and will lessen the labor of the teacher, while it appeals to the understanding of the student in unmistakable terms. Part II handles the vexed question of physiological chemistry in the same simple and practical way, while Part III gives the necessary directions for the performance of many standard and physiological experiments.

The prominence given to laboratory work in all well-equipped medical schools has created a demand for such books as the volume under notice, which is in every way fitted to serve the needs of any who may desire, through manipulative study, to familiarize themselves with the essentials of histology, histo-chemistry, and physiology.

Syphilis. By V. CORNIL, Professor in the Faculty of Medicine of Paris and Physician to the Loureine Hospital. Translated, with notes and additions, by J. HENRY C. SIMES, M.D., and J. WILLIAM WHITE, M.D., of Philadelphia. With eighty-four illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882.

This work was given to the profession by its author in the form of a series of lectures. It is reproduced by its translators, with some important additions and judicious omissions, in the form of chapters. It is worthy of note that the most practical and useful portion of "Cornil on Syphilis" is that which he did not write, but which has been supplied by Drs. Simes and White, comprising one third of the volume.

Dr. Cornil claims that in this treatise he has comprised the essential points of syphilis, and calls it "an elementary manual of syphilis based upon a minute knowledge of anatomy, the only logical method by which syphilis may be studied or understood."

That the author has produced a valuable work, and that it is well worthy of perusal both by undergraduate and postgraduate, are facts undeniable; but that syphilis may be understood and correctly treated without a thorough knowledge of its anatomical features, are facts equally indisputable. Dr. Cornil's theory, practice, and treatment of syphilis are mainly in accord with those in vogue among the practitioners of this country. He gives mercury for the earlier constitutional symptoms, and potash for those called tertiary, and also employs tonics. He opposes the use of mercury for the primary sore, holding that while it may retard secondary manifestations when given during the primary stage, it does not stop their evolution. He speaks well of mercurial fumigations, and for young children he specially commends warm baths containing the bichloride in solution. In both these views we heartily concur; but in his recommendation of mercury hypodermically as the method most speedily modifying syphilitic manifestations we can not concur. In our judgment, the quickest, safest, surest, and most lasting cures are wrought by the moist mercurial vapor bath. Excision of chancres he has found unavailing in influencing the course of syphilis.

Translations.

[For the NEWS, by JOHN A. OCTERLONY, M.D.]

A CASE OF CANCER OF THE KIDNEY—NEPHROTOMY.—By W. Netzel (*Nord. Med. Ark.* 1882):

Patient aged fifty-three years. Two years prior to the operation, a tumor about the size of the fist had been noticed in the right side; at first it grew slowly, but more rapidly later on. At first it caused no inconvenience, afterward there was bloody urine and frequent, painful micturition. He became emaciated. At times there was edema of the lower extremities. On admission to the hospital a tumor was found occupying the entire right hypochondriac region, and extending five centimeters to the left of the median line. The ascending colon passed in front of it. The tumor was firm and somewhat nodulated. The urine was sometimes clear and at other times mixed with blood.

The operation was performed by making an incision in the median line; the tumor was easily enucleated, but this procedure

gave rise to violent hemorrhage in consequence of considerable vascular development on the surface of the tumor. The portion containing the principal vessels and the ureter was divided into two parts, and ligated with coarse silk ligatures. The upper ligature, which had been thrown around the vessels, became loose, and a violent gush of blood ensued. The stump was, however, immediately seized between the fingers and a new ligature applied. Drainage was established through an opening made in the lumbar region. Perfect antiseptic measures were instituted. The patient died four hours after the operation, which had lasted two hours.

At the autopsy only a trifling amount of blood was found in the abdominal cavity. Vena cava above the opening into it of the renal vein was filled with a grayish brown dirty mass which at the venous wall seemed of a firmer and somewhat nodulated structure. Otherwise nothing abnormal. The examination of the tumor showed that it was an exquisite cancer of papillomatous character, not only in the renal substance but also where it sprouted into the calyces and vein.

DR. A. BACKMAN, in *Eira*, page 109, 1881, describes and recommends a bandage for pregnant women, devised by Prof. A. Penard, of Paris. It is intended to compensate for the loss of elasticity of the abdominal walls in women who have passed through several pregnancies, and it is said to assist in causing the head to engage in the pelvis toward the close of utero gestation. This bandage should be applied in every case of malposition on the completion of the eighth month after the malposition has been rectified; and the bandage ought to be continuously worn until the fetal head has become fixed in the superior strait.

Books and Pamphlets.

A PRACTICAL LABORATORY COURSE IN MEDICAL CHEMISTRY. By John C. Draper, M.D., LL.D., Professor of Chemistry in the Medical Department, University of New York. New York: Wm. Wood & Co., 56 and 58 Lafayette Place. 1882.

MILK: ITS ADULTERATIONS, ANALYSIS, ETC. By John Morris, M.D., of Baltimore, Md. Reprint from Maryland Medical Journal.

This is a contribution to a subject which has not been so carefully studied as its importance necessitates, by one of the most accomplished physicians in the United States.

Selections.

The Contagion of Phthisis.—Excerpts from a paper read in the Section of Medicine at the meeting of the British Medical Association, August, 1882, by C. Theodore Williams, M. A., M. D., F. R. C. P., Physician to the Hospital for Consumption, Brompton (British Med. Journal):

1. The evidence of large institutions for the treatment of consumption, such as the Brompton Hospital, directly negatives any idea of consumption being a distinctly infective disease, like a zymotic fever.

2. Phthisis is not, in the ordinary sense of the word, an infectious disease; the opportunities for contagion being most numerous, while the examples of its action are exceedingly rare.

3. In the rare instances of contagion through inhalation the condition appears to have been (a) close intimacy with the patient, such as sleeping in the same bed or room; (b) activity of the tubercular process, either in the way of tuberculosis or of excavation; (c) neglect of proper ventilation of the room.

4. In addition to the above a husband may, though he rarely does so, infect his wife by coition, and this risk is considerably increased in the event of pregnancy.

5. By the adoption of proper hygienic measures, such as good ventilation and separation of consumptive from healthy people at night, all danger of infection can easily be obviated.

Dr. Henry Bennet remarked, in this connection, that in three hundred post mortems made by him upon aged paupers during the year 1840, at the Salpêtrière in Paris, he found in *twenty-five* cases indubitable proofs of phthisis in the lungs having existed at some antecedent period. He further observed that coming from the country, as most of the working classes did in Paris, and in large towns in general, they had flagged, become consumptive, and returned home in the country, there to recover under the influence of nature and the natural limitation of the disease. The late Prof. Hughes Bennett, when pathologist in Edinburgh a few years later, made eight hundred post-mortem examinations with the same result.

Of the bacillus and of self-limitation Dr. Williams said that he did not question the existence of the bacillus, but only the part it played in the pathology of phthisis, which, he thought, consisted more in spreading the secondary inflammations than in the causation of the disease. The comparison of the infection of typhoid fever with that of phthisis would not hold good, as in the former the secretions from the intestines were the poison, and could easily be disinfected; whereas in phthisis it was the breath and pulmonary secretion, which it was impossible to entirely disinfect. Therefore phthisis, if really infectious, would be very infectious indeed. With regard to Dr. Austin Flint's self-limited duration of pulmonary phthisis, he recognized it, but held that it existed in a very small proportion of consumptives, and generally in those of advanced age.

A Simple Operation for Varicocele.—By Arthur E. Barker, Assistant Professor of Clinical Surgery (The Lancet):

In the last three cases of varicocele upon which I have been called to operate, the method adopted has

been very simple, and has been followed by such good results that it appears worth brief notice. It seems, too, very unlikely to be followed by any of those ill results and dangers of which most surgeons have seen something who have practiced the older procedures. . . .

The skin of the scrotum was thoroughly cleansed with a five-per-cent carbolic lotion, as also all instruments and the surgeons hands, no spray being used. The scrotum was then pinched up between finger and thumb in the usual way, so as to include the veins and exclude the vas deferens; it was then notched with a scalpel, and through the opening thus made a needle bearing a medium-sized twisted silk ligature (previously soaked about an hour in the same carbolic solution) was passed. The veins were then allowed to slip backward, and the needle was made to carry the silk forward again through the same puncture, but this time in front of the veins. The latter were thus, of course, included in the two loops of silk leaving the scrotum by the same aperture. The ends of these were now tied tightly over the veins about one eighth of an inch apart. They were then cut short and allowed to slip into the scrotal tissues. Every thing was in the meantime protected from any contamination by frequent wiping with a carbolyzed sponge. A little padding of salicylated wool was the only dressing.

The results need only be briefly alluded to. There was a very trifling swelling around the seat of ligature for a few days, together with slight tenderness on pressure, otherwise nothing was complained of in the first two cases. In the third, considerable pain was felt for a day or two, and there was a little more swelling and tenderness; but in none of the three cases was there the slightest threatening of suppuration. The first left the house in ten days, the second within a fortnight, the last upon the fourteenth day. . . . I watched all these three cases for several months, the last until quite recently, about a year after operation, and now regard all danger of the ligatures coming away as quite over. The latter could be felt under the finger as small knots deep in the scrotal tissues, which appeared quite normal.

Duration of Pregnancy.—Dr. Helen Idelson (*Petersburgh Med. Woch.*) states as the result of her own researches that the average period is 278.8 days, a minimum of 226 and a maximum of 328, or a difference of 102 days. She concludes: 1. The duration of pregnancy amounts to 278.8 days, or nearly forty weeks; 2. The sex of the infant influences the duration, this being longer in female infants; 3. The heavier the child the longer is the duration (?); 4. The duration is longer in multiparæ than in primiparæ; 5. The younger the woman the longer is the duration; 6. The duration is longer in married than in unmarried women; 7. The first movements of the child are felt, upon an average, on the one hundred and thirty-fifth day, but later in primiparæ than in multiparæ.—*Medical News.*

Ergot in Typhoid Fever.—Dr. Duboué, of Pau, believes ergot is the most efficacious remedy to combat all the forms of typhoid fever, even the gravest cases.

M. Rochard, of Rochelle, France, has lately reported the case of a lady who injected three grams (forty-five grains) of the hydrochlorate of morphia daily.

Treatment of Diabetes by Bromide of Potassium.—The Paris correspondent of the Medical Press says: Before the meeting of the Académie de Médecine a member read a paper on the treatment of diabetes by bromide of potassium. For the last six years the author has made this disease the object of his researches, and during that period he treated fifteen cases. He ignored entirely the classic *régime* of gluten bread, etc., being of the opinion that the disease consisted, not in the presence of sugar in the urine, but in the disorder of the organism, which produced the sugar in excess. Having had a patient that was diabetic, but who consulted him for certain nervous affections, he observed that under the influence of the bromide of potassium, of which he prescribed a dram a day, the former disease yielded. Ever since, the author has entirely adopted this drug in the treatment of the disease in question, and always with good results. The author farther insists on the necessity of employing muscular exercise of every kind. Alkalies, iron, arsenic, quinine, according to indications, form part of the general treatment. One point worthy of remark in the communication is the complete disregard as to *régime*.

Treatment of Angina Pectoris.—Dr. A. Mülberger, of Herrenalt, who had observed that a young man, the subject of angina pectoris, instinctively pressed his chest violently against the edge of a table, or his closed fists against the cardiac region, imitated this instinctive method of obtaining relief by passing his left arm around his patient's chest, and firmly rubbing the cardiac region with the fist of the right hand, varied at short intervals by quick pushes against the heart. He believes that in concussion we have an excellent means of keeping in check the violence and duration of the stenocardiac attacks. He further notes that kneading and rubbing have long been tried and approved remedies against muscular cramp, and that as angina pectoris is nothing more or less than cramp of the cardiac muscle, it seemed to him likely a similar result would be obtained in parallel cases by the like means. He finally sounds a note of not unheeded warning in the *Deutsch. Med. Zeitung* against the too bold use of remedies in this affection, and we may add in others also, and recalls the case of an elderly medical man who was relieved of his angina only to die of the morphia that procured the relief.—*Med. Press and Circular.*

A Poison for Tubercular Bacteria.—A paper was recently communicated to the Paris Academy of Sciences, by M. de Korab, on the action of helenine on the bacteria of tuberculosis. The facts mentioned deserve notice, although we fear that the hopes suggested are too bright to be realized. The bacilli were cultivated in bovine blood serum, which was daily heated for a week to effectually sterilize it, and was then coagulated by a temperature of 65° C. A guinea-pig having been rendered tubercular by inoculation and inhalation, small tubercular masses were taken from it, introduced into ten tubes containing the tubercular serum, and the tubes plugged after some helenine had been poured into three of the tubes. All were kept at a temperature of 37° C. for a week, and at the end of that time inoculation experiments showed that the organism in the tubes to which the helenine had been added no longer caused tuberculosis, which was readily produced by the contents of the other tubes.—*The Lancet.*

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LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

PROPHYLAXIS IN ACUTE INFECTIOUS DISEASES.

During these late autumn months reports come to us of the continued prevalence of typhoid fever in various portions of the city of Louisville, and from many districts throughout the Mississippi Valley. Indeed, in nearly all the large communities of the United States this malady may be regarded as endemic. In many parts of Kentucky the disease prevailed in epidemic form during the dry season of 1881. These seasons of drouth, when old wells and impure springs are opened for supplies of drinking-water, are peculiarly liable to furnish occasions for epidemics of enteric fever.

Whether or not the inhalation of sewer-gas, or the drinking of water and milk polluted with excrementitious material, will produce the disease without the presence of the alvine discharges of typhoid patients, does not materially alter the duties of physicians in their efforts at prophylaxis. That the contagion of typhoid fever exists in the excreta of those suffering with the disease; that this contagious element has intense and lasting vitality; and that it possesses the power of unlimited multiplication, is sufficient to indicate plainly the responsibility and duties of physicians in preventing the propagation of this great scourge.

A contemporary, in some remarks on this subject, calls attention to the custom of the Chinese, who, while neglecting many important sanitary precautions, have escaped this

great danger by drinking only water which has been boiled. The advantages of this custom in preventing the spread of cholera has been frequently referred to in connection with that disease. It has proved to be equally efficient in the prevention of the diffusion of the specific poison of typhoid fever.

It has become a well-established fact that the only efficient mode of prevention in the management of enteric fever is that directed to the disposal of the excreta from the bowels. The continued prevalence of the disease in many districts may be attributed to the careless manner in which this poisonous material is removed. Often the disposal of this material is left to careless attendants without specific directions from the physician concerning its disposal. Thus the contagium finds its way in large quantities into cesspools, water-closets, and upon the surface of the ground. From these places it penetrates sources of water-supply, and by a thousand accidental routes finds its way into the alimentary canal, or may be is breathed into the system, and thus the disease is indefinitely multiplied. It should be the very first duty of the physician, after diagnosis of the disease, to give exact directions for the proper disinfection and disposal of the alvine discharges. The neglect of this precaution favors the spread of the disease through families and communities throughout an indefinite period of time.

Another important feature of prophylaxis in typhoid, as well as in the other acute infectious diseases, relates to the destruction of those elements of contagion which attach to the bed-clothing, carpets, and fur-

niture of the sick-room. The most efficient manner of dealing with all these sources of infection is that given in the following bulletin of the National Board of Health, which is applicable to all the acute infectious diseases, and should be adopted by practitioners of medicine as an invariable part of the management of these diseases:

The disinfectants to be used are: First, roll sulphur for fumigation; second, sulphate of iron (copperas) dissolved in water in the proportion of one pound and a half to the gallon, for fecal matters, sewers, etc.; third, sulphate of zinc and common salt, dissolved together in water, in the proportion of four ounces of each to the gallon, for clothing and bed-linen. In using disinfectants in the sick-room the most available agents are fresh air and cleanliness. The towels, clothing, and bed-linen should upon removal from the patient, and before they are taken from the room, be placed in a pail of zinc solution, boiling hot if possible. All discharges should either be received into vessels containing copperas solution or should be immediately covered with copperas solution. Fumigation with sulphur is the only practicable method of disinfecting the house. For this purpose the rooms must be vacated. Heavy clothing, bedding, blankets, and other articles which can not be treated with zinc solutions, should be opened and exposed during fumigation. Close the room as tightly as possible, place the sulphur in iron pans, supported upon bricks, in tubs holding a little water. Set the sulphur on fire and allow the room to remain closed for twenty-four hours. For a room about ten feet square at least two pounds of sulphur should be used. Cellars, yards, stables, gutters, privies, cesspools, water-closets, drains, and sewers should be treated with copperas solution. Alvine discharges should be disinfected and buried.

These rules had especial reference to disinfection during the yellow-fever scourge of 1879. With slight modifications they will apply to all cases of contagious or infectious disease.

The purposes of this article will have been attained if our readers are impressed with the great importance of giving attention to the disinfection of discharges and the avoidance of contagion and infection in the management of cases of acute infectious disease. An efficient prophylaxis can only be attained by persistent vigilance in the application of these established facts.

THANKS.—The editors of the *NEWS* desire to offer the assurance of their appreciation of the cordial expressions of esteem and good will made so generally by their brethren of the medical press. To none are these assurances extended more heartily than to our generous friend and neighbor, the editor of the *Medical Herald*. To those good friends far and near who have sent us kindly words of cheer we would also extend assurances of grateful appreciation.

ONE of the most shocking and distressing domestic tragedies which can be conceived has just occurred in the family of a distinguished and well-known member of the profession of New York. The wife of Dr. Edward C. Seguin, while in a fit of mental aberration, took her three children into a remote room of the house, and, after blindfolding them, shot each one through the head, killing them instantly. The mother then took her own life in the same shocking manner. The sympathy of the entire profession will go out to Dr. Seguin in the midst of this terrible manifestation of a form of disease to which he has devoted his time and talents.

INVITATIONS have been received by some prominent members of the profession in this city to attend a reception at the Hotel Brunswick, in New York, tendered Professor Samuel D. Gross, M. D., LL. D., etc., by Dr. J. Marion Sims and Dr. Harry Marion Sims, on the evening of the 6th instant. There will doubtless be a large assemblage upon that occasion of the leading members of the profession in America, who will have the opportunity of bidding the distinguished host good-bye on the eve of his departure for Europe, where he purposes spending the winter.

YELLOW FEVER continues to prevail at Pensacola with severity, and reports come of occasional cases in the almost depopulated town of Brownsville, Texas.

MISCELLANY.

EXTRACTS from Mr. Jonathan Hutchinson's Introductory Address to the Students of the London Hospital:

Entsagen. Carlyle regards *entsagen*, he says, as the first lesson in all true life. It means to learn, as we find it expressed in "Sartor Resartus," "to do without happiness and to find in its stead blessedness."

Brave Patience. Carlyle had not learned what we may, I think, without irreverence style the Religion of Patience. By patience I mean not the mere passive virtue of endurance, which indeed is not unfrequently no virtue; I mean rather the ability, when we have done our best, under all possible circumstances, to rest undesperingly and trustfully for the result.

Cheerfulness. It is needless to remark on the absurdity of exhorting a man to be cheerful or to be patient. You might just as reasonably exhort him to be six feet when he is really only five feet ten. The problem is to make him cheerful, and it can not be done by preaching to him concerning the duty.

Truth. To Carlyle we assign the priesthood of the worship of Strength. . . . This was his message: "Be strong, and to that end be truthful; be honest, for in falsehood and dishonesty there can not possibly be other than weakness. Reverence your strength."

THE POVERTY THAT HIDES.—The London Lancet truthfully says:

The poor are always with us, and yet we know them not. The poverty that parades its needs and is perpetually asking for "relief" is not the real indigence that true humanity should be most solicitous to help. It is the poverty that hides which the genuine philanthropist should search out and succor. In this great city there are thousands who know the bitterness of unsatisfied hunger, who endure the misery of that most blighting of all cold, the chill of starvation; who suffer torments of mind-worry and wretchedness; and who are, in short, dying of destitution while they keep up an eternal appearance of respectability and even of content.

Medical men who are admitted to see life stripped of its tinsel, especially those who have to deal with the mental phase of human nature at close quarters, and in its weakest moments, when pretense is no longer possible, have this hidden poverty brought painfully home to them. The out-

side public has no conception of the extent and depth of the impecuniosity that prevails, and the bitter, aching void that is unsatisfied. We pity the so-called "starving poor;" Heaven help the starving "well-to-do" and even seemingly "wealthy!" It is a grim fact that there are at this moment members of the professions, tradesmen, clergymen, and educated persons of all classes and grades of society, who are poorer and more at a loss how to feed themselves and their families than the average "poor" upon whose recognized needs society is wont to exhaust its charity. Would that there could be a "secret service fund" managed by a committee of trusted philanthropists who would not need to publish their doings to the world, and who had the wisdom to conduct their mission of mercy with the tact that genuine benevolence always demands. The sufferers of whom we are speaking, and for whom we would plead, not only affect, but feel, that pride in life that absolutely deters them from making their circumstances known. They would, and do, die rather than confess the urgency of their poverty. When we read of cases of "starvation" that attract notice by the finding of coroners' juries, and disclosures made before the magistrates, we wonder how many in this ostentatiously charitable community of ours even suspect the existence of the poverty that hides.

RAPID DECOLORIZATION OF THE HAIR ASSOCIATED WITH INTENSE NEURALGIA.—M. Raymond has narrated, in the *Rev. de Médecine*, the case of a lady, aged thirty-eight, who came under his observation suffering from neuralgia of the scalp. She was very pale and had black hair. After several days of acute suffering the record states that "one evening the neuralgia of the head was truly atrocious, and morphia was quite powerless to relieve it. At two o'clock on the following morning the pain was at its worst. At this moment the hair had its normal color; at seven o'clock the same morning it was found that her hair was almost completely decolorized." It is remarkable that at first the greater part of the patient's hair became red, turning to white a few days later, and later still falling off in considerable proportion. The case affords an absolute contradiction to Kaposi's theoretical view that blanching of the hair can never take place very rapidly, but *must* require several weeks for its completion.—*Med. Times and Gaz.*

MSS. AND PRESCRIPTIONS: A PRINTER'S PROTEST.—In the interests of accuracy the following protest and plea is commended to the world of science by Diabolus Typographicus, in the British Med. Journal:

O, why do people form such a's and finish off such b's—

Why do they make such crooked c's and such confounded d's?

Why do they form such shocking e's and f's with ague fits?

Their g's and h's are too much for any printer's wits. What a human eye is without sight is an eye without a dot.

J's are such curious, crooked things we recognize them not.

K ought to stand for kindness, but comes in well for kick.

L's and m's are mischievous, while n's just raise Old Nick.

O's are rarely closed at all, and p's are shaggy things. Q's might as well be spider-legs and r's mosquito-wings.

Some people make a passing s who never cross a t; Others use the self-same strokes to make a u or v.

W's get strangely mixed; x's seem on a spree;

Y is a skeleton on wires. Zounds! how we swear at z!

And yet just think what typos get from drivers of the quill?

They call us such a careless set, and scribble on at will.

Well, they will scribble, and we must swear and vainly try to please,

Till they go back to school and learn to make their a, b, c's.

CHRONIC MALARIAL HEMATURIA.—The Chicago Medical Review gives the following abstract of the excellent article of Dr. Henry Orendorf, of this city, which appeared in our columns a few weeks since:

Professor Orendorf recommends the use of strychnia under the skin in this disease. This drug, he says, stands at the head of the vasomotor stimulants, and is especially useful in low vascular tension. It should be administered in full doses, that the relaxed vessels may be made so tense as to prevent exudation. By full doses is meant the quantity required to produce the desired effect, which is to stop leakage. Therefore, if one thirtieth of a grain does not suffice, push it to one twentieth, to one fifteenth, and then to one tenth, repeating sufficiently often to secure and keep secured the physiological action of the drug.

BREWERS IN ENGLAND.—Brewers find it to their advantage to give their abstaining workmen higher wages than the others, on the ground that the former are more reliable and do their work better; making, in fact, better beer.

WISE SENTENCES.—Mr. Matthew Arnold, in a late introductory address on the opening of the University Medical College at Liverpool, said: Sir Astley Cooper, in his exhortation to young students, said: "Learn your business; look after yourselves; never mind what other people may say. No opinion or theory can interfere with information acquired from dissection." The great John Hunter said, "Do n't think; try and be patient."

MUDDY LUCIDITY.—Doctors are the natural friends of lucidity, for it is the most valuable quality which a doctor can have. If I had to fix upon the great want at this moment of the three principal nations of Europe, I should say that the great want of the French is morality, that the great want of the Germans is civil courage, and that our own great want is lucidity. There is no greater or more salutary lesson for man to learn than that a great quality may be accompanied by great danger, and yet may be in itself indispensable. Seriousness is the great quality of our nation, and our neighbors may say that they find it accompanied by so many false ideas and prejudices, and so many features which are disagreeable, that it can not be a very desirable attribute. And yet we know that it is invaluable. The French have a natural turn for lucidity as we have for seriousness, and perhaps the great feature of the French lucidity is the want of seriousness. I define lucidity as the perception of the want of truth and fitness in things, a perception that they are no longer possible, that their time is finished, and that they can serve us no longer.—*Ibid.*

ALCOHOL.—Dr. C. R. Drysdale, of London, says that all his observations of patients lead him to the conclusion that alcohol is one of the very commonest causes of death. In fact, next to phthisis, he believes alcohol causes more deaths among the adult population than any other cause. In Paris, where hospital statistics are excellent, it is found that one fourth of all deaths is from phthisis, but the most common cause of death is alcohol, and that even in so-called "sober" France.

DR. A. D. PRICE, of Harrodsburg, Ky., President of the Kentucky State Medical Society, has gone to New York, where he proposes spending the winter in pursuit of special professional studies.

FOOD MAKES THE MAN.—Speaking roughly, about three fourths, by weight, of the body of man is constituted by the fluid he consumes, and the remaining fourth by the solid material he appropriates (*The Lancet*). It is therefore no figure of speech to say that food makes the man. We might even put the case in a stronger light and affirm that man *is* his food. It is strictly and literally true that "a man who drinks beer thinks beer." We make this concession to the teetotalers, and will add that good sound beer is by no means a bad thought-factor, whatever may be the intellectual value of the commodity commonly sold and consumed under that name. It can not obviously be a matter of indifference what a man eats and drinks. He is in fact choosing his animal and moral character when he selects his food. It is impossible for him to change his inherited nature, simply because modifications of development occupy more than an individual life; but he can help to make the particular stock to which he belongs more or less beery or fleshly or watery, and so on, by the way he feeds. We know the effect the feeding of animals has on their temper and very natures; how the dog fed upon raw meat and chained up so that he can not work off the superfluous nitrogenized material by exercise becomes a savage beast, while the same creature fed on bread and milk would be tame as a lamb. The same law of results is applicable to man, and every living organism is propagated "in its kind" with a physical and mental likeness. This is the underlying principle of development. Happily the truth is beginning, though slowly and imperfectly, to find a recognition it has long been denied.

THE DANGERS OF A LARGE AND LUCRATIVE PRACTICE.—We make the following extract from the *Evening Post*, which illustrates in a peculiar way one of the dangers of an extensive practice. It will be observed that the action of the court is not less extraordinary than the circumstances leading to domestic infelicity:

An Indiana court has just rendered a decision in a most extraordinary divorce case. The parties were Dr. Mather and his wife, living in the southern part of the State. Dr. Mather is a young, talented, industrious, popular, and prosperous physician. He married a lovely young woman and lived in fine style. His practice was constantly upon the increase, and he was frequently called up

at night. The fact did not disturb him, as he considered it his duty to respond at any time. His wife objected, however, though he frequently got away without awakening her. Finally he had a telephone placed in the house, so as to be able to consult at long range, and avoid going out except in the most urgent cases. He took every precaution to prevent any nervous strain upon his wife. She would not be satisfied. She demanded that he give up his night-practice, even if he lost part of his income. She urged her wealth could supply what might be lacking. To this the doctor made a very emphatic though kindly denial. She persisted, and applied for a divorce. The husband, although deeply grieved at his wife's resolve, interposed no opposition, merely stipulating that as a matter of justice, to put the exact facts on record and beyond dispute, the trial should take place in open court. This suggestion was carried out, and it is from the sworn testimony the above outline is made.

The suit itself was scarcely more singular than the remarks of the presiding judge. He said there could be no doubt, under the laws of Indiana, that Mrs. Mather was entitled to a divorce. He then proceeded to show how the progress of society had necessitated changes in the marriage-laws. Indiana, he said, was a progressive State, and the people would never endure laws like those of other States, where couples like this must go on to the end of their days in unhappiness. He regarded this case as an excellent illustration of the beauties of Indiana law. The parties could now seek happiness where it might be found.

THE ROYAL COLLEGE OF PHYSICIANS has passed a resolution declaring that "the custom of giving laudatory certificates of medicinal and other preparations and medical and surgical appliances, whether for publication or not, is misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions and resolutions of the Royal College of Physicians."

TOO MUCH FOR THE STRUTHIO.—The Natal Witness (*Africa*) states that a farmer living near Zuurbron, was standing in one of his ostrich-camps smoking a meerscham pipe, when one of his most valuable breeding birds came up and snatched the pipe from his mouth and swallowed it. In a very short time the bird was dead, having been poisoned by the nicotine in the pipe.

TEA-GOWNS.—During the last five years one more article of attire has become indispensable, says the British Med. Journal, in a well-appointed wardrobe—the tea-gown. Some months ago there was an exhibition of ladies' hygienic clothing. Foremost among this should have been the tea-gown. We would draw the attention of those who lecture for the National Health Society upon clothing, dress, and deformities, to this garment. The custom now is among ladies of "ton" to wear a tea-gown—which, it may be explained for the uninitiated, is nothing more than an elegant form of dressing-gown—the whole afternoon, and even when *en famille* to dine in it. As its use usually enables the wearer to dispense with the corset, the hygienic value of the tea-gown is apparent. It has been stated that some ladies wear corsets even beneath the tea-gown, but they are in a small minority. If the tea-gown be the pioneer of other garments which may expunge corsets from the list of ladies' clothing, it should indeed be welcomed. This, however, is unlikely; still the wearing of it is a fashion which it may be hoped for the sake of those who follow it more than a passing fancy.

A MORMON INSANE ASYLUM.—In giving an account of the Mormon Insane Establishment at Utah, in the Salt Lake Tribune, Mr. G. A. Tucker, an inspector of the insane asylums and gaols in New South Wales, states that the asylum was under the charge of Dr. Seymour B. Young, Brigham's nephew, and three Mormon commissioners. He found twenty-one patients in the most filthy condition imaginable. Some were in iron cages outside the main building, while others were in irons, bound hand and foot. Of these two were perfectly sane. One of them was robbed of his wife by a Mormon polygamist ten years ago, and has been confined in the asylum ever since.

THE SUNFLOWER.—Sunflower oil, it is said, is greatly used for adulterating salad-oil. Its leaves are much used for adulterating tobacco. Its oil is unsurpassed as a lubricant, and soap made from it is unequalled for softening the skin.

EVIL SPIRITS.—According to the prohibitionists, alcohol, in the last ten years in the United States, has sent one hundred thousand orphans to asylums, caused ten thousand suicides, and made two hundred thousand widows.

Original.

A GOOD WORD FOR THE PLASTER-OF-PARIS DRESSING.*

BY E. J. KEMPF, M.D.

Gentlemen: Several years ago a man living near St. Anthony broke his leg at the inferior third of the tibia and fibula. Dr. S., of Ferdinand, dressed the limb with the so-called "shingle dressing." During the third week the patient complained of a great, almost unbearable itching, but the doctor refused to remove the dressing because he thought that itching was a sign of healing. The itching increased, but the doctor was too firm to heed the patient's request for relief. After the seventh week the doctor concluded that the fracture had healed, and the dressing was removed. It was found that myriads of bedbugs had caused the itching, as well as eaten the skin away, and the leg resembled a hickory limb peeled of its bark by worms. When one remembers the tortures that the patient had undergone one can not but feel a disgust for any thing looking like a board in the shape of a splint. It may not be that bedbugs are partial to splint dressings, but such dressings make an attractive nidus for vermin.

Several weeks ago I was called to apply the plaster-of-Paris dressing in a fracture of the leg. A physician had dressed it the day before in splints. I must say that the bandage and the splints, one of board and the other a bag of bran, had been skillfully applied, but somewhat too tightly; that is, the bandages had been applied directly to the limb, and as swelling took place the bandage would not give way, but constricted the now swollen limb and thus arrested the circulation. This patient, too, suffered untold tortures, and had the bandage not been removed in time serious complications might have occurred. This result I can not ascribe to the physician's negligence, for it could have happened to any one of us. It is only related to show that wooden splints, etc., even skillfully applied, do not safely accomplish our purposes.

All of you have treated one or more cases of fracture of the lower extremity. Perhaps you have treated some of the cases with the fracture-box or splint method. You have cured the fractures satisfactorily, but remember how many weeks the patient laid

* Read before the Dubois County (Ind.) Medical Society.

on his bed. Healthy in body and in soul, the patient by long confinement to his back becomes an invalid from want of healthful exercise. Very often failure of union complicates such cases, for the general condition must be healthy in order that the fractured bones unite well.

I do not wish to say authoritatively that fracture-boxes or splints are useless, or that they should not be used. I only say that they have many disadvantages, when applied to the lower limb. Some of these disadvantages are long confinement in a recumbent posture, danger of applying the splints unevenly—which is worse than too tightly—and the danger of not fitting the limb, if one has to make the splint from a clapboard with a pocket-knife. To keep ready-made splints in stock is impracticable and useless at all times. Still, I will agree to compromise these disadvantages, except the recumbent posture. In fractures of the upper extremity this objection does not hold good, and I must admit the propriety of applying splints to the upper extremity when preferred. For fractures of the forearm I use an anterior and a posterior splint; cotton next to the skin, the splints made of pine board to fit the limb on the cotton, and then the roller bandage to keep the splints in place. Dangers of gangrene or serious injury are thus avoided, because as the limb swells the cotton will give way. Padding of splints does not do as well in this regard. When the swelling subsides, the dressing should be tightened sufficiently. In fractures of the olecranon process I use the long, straight splint, on the above plan. In fractures of the shaft of the humerus, the long, angular splint with a short inside splint may be used, but for myself I am partial to the immovable dressing in these fractures. In fractures near the shoulder-joint, the shoulder-cap and the axillary pad are to be preferred. In fractures and dislocations of the clavicle I would use Sayre's method with adhesive plaster. Thus you observe that in fractures of the upper extremity I advocate the use of splints, because the patient can walk about and take exercise, and when the splints are well applied they can produce no injury. But in fractures of the inferior extremities, splints and fracture-boxes should be entirely discarded, from the fact that such dressings compel the patient to keep his bed for weeks or months. Splints for the lower extremity are also very cumbersome and heavy, and often do not fit.

Though splints are manufactured in almost as innumerable forms as the obstetric forceps, the immovable apparatus is the prince of all dressings for fractures and injuries of the lower extremities. The apparatus should of course be properly applied, and the surgeon should "know how" before he undertakes the task. Of all the different kinds of immovable apparatus, such as starch, glue, etc., the plaster-of-Paris dressing is the best of them all. It is easily applied, when one once becomes familiar with its use, and the preparations for the application are very simple. Though there are different modes of applying the plaster-of-Paris dressing, all agree to apply cotton immediately to the skin, over this a dry roller-bandage to keep the cotton in place and to press it lightly and yet securely to the limb. Over this, two or more thicknesses of the roller plaster-of-Paris bandage should be applied, as the fracture and the situation may indicate. The roller plaster-of-Paris bandage consists of a roller bandage of cheese-cloth material, the plaster-of-Paris having been rubbed into its meshes. These are soaked in water a few seconds before applying. By putting a lump of alum in the water the dressing dries more quickly, elegantly, and solidly. The limb is snugly and safely incased. If the fracture is a simple one the patient can be up on crutches during the first week. I have had one patient, who broke his femur at the lower third, on crutches on the ninth day, his leg hanging in a long sling made of a bed-sheet.

In compound fractures the plaster-of-Paris dressing can also be used. A trap is cut into the dressing after it has set, and the wound is dressed with antiseptics, probably iodoform and absorbent cotton or oakum, or as the surgeon may prefer.

In synovitis, in hip-joint disease, in sprains of the joints, and bruises of the muscles a plaster-of-Paris dressing skillfully and neatly applied is good surgery and gives the patient decided relief. I was called in consultation to a case of synovitis who thanks me to this day for applying an immovable dressing and thus relieving him from much suffering.

In fractures of the foot, in ankle-joint injuries, in fractures of the leg, in knee-joint injuries, in fractures of the femur, in hip-joint injuries, and even in injuries of the pelvic bones, the plaster-of-Paris dressing, if skillfully and properly applied, meets the requirements as a dressing, and the innumerable splints now on the market are useless.

To apply the dressing one needs to know certain points which any one can acquire by practice ; several assistants, one of whom ought to be a medical man, and the proper material, which one can get in any town ; namely—one needs three yards of cheese-cloth, cotton, a dry roller bandage or two, and a few pounds of dental plaster of Paris.

This is what I have to say relative to the plaster-of-Paris dressing. My views are not authoritative in any particular. They are but individual thoughts which govern individual action, and are offered for what they are worth. I have purposely avoided quoting authorities. The paper is intended as a purely practical one, which has for its only object to elicit from the members present a thorough discussion of the question. I hope that my older brethren will express themselves freely, and that my brethren of the same limited experience will not hesitate to criticise my views.

FERDINAND, IND.

Reviews.

Microscopical Diagnosis. By CHAS. H. STOWELL, M.D., Assistant Professor of Histology and Microscopy in the University of Michigan, and LOUISA REED STOWELL, M.S., Assistant in Microscopical Botany in the University of Michigan. Illustrated with one hundred and twenty-eight engravings on wood and forty-seven figures on stone. Detroit, Mich.: Geo. S. Davis, publisher. 1882.

This is indeed a very handsome publication, and deserves, both on account of the excellence of the subject-matter and the elegance of the publisher's work, the cordial support of the profession of the United States. The authors are well known to the profession as the editors of the *Microscope*, a bi-monthly journal, devoted to the use of the microscope in practical medicine and pharmacy.

The first part is contributed by Dr. Stowell, and treats of the microscope as an aid to diagnosis in the examination of blood, epithelium, tumors, sputa, urinary deposits, etc. It is concisely and simply written, and is thoroughly practical.

The second part is by Mrs. Stowell, whose microscopical studies have evidently been engrafted upon a love of botanical investigation. This part of the work is devoted to the consideration of vegetable histology with reference to foods and medicinal plants. It is a unique and interesting contribution to a department of knowledge as yet but meagerly cultivated.

Both the first and second parts are handsomely and liberally illustrated. Thirty-two pages devoted to the mounting of microscopical objects, by Mr. W. H. Walmsley, of Philadelphia, whose skill in this connection is so widely known, add to the attractions of the volume and enhance its practical value.

Of the numerous aids to microscopical work in the form of hand-books which have been offered the profession, none can be more acceptable than the one under consideration. It is indeed a handsome publication, and we are pleased to add that it is offered at a price so low as to be within the reach of every one who can afford to own a microscope.

Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum. By WILLIAM ALLINGHAM, M.D., F.R.C.S., etc. Fourth edition. Illustrated. Philadelphia: P. Blakiston, Son & Co. 1882.

The profession will be pleased to learn that the Messrs. Blakiston have published the fourth edition of this reliable and authoritative work on a very important class of diseases in neat style and at such small price as to be within the reach of all. After a brief chapter on the method of examination of patients with diseases of the rectum, the author takes up the subject of fistula, which he handles with the touch of a master. The views therein expressed are based on the recorded observation of four thousand cases.

Respecting the use of the elastic ligature in the treatment of fistula, the author says: "I will fully confess that when I read a paper before the Medical Society of London in February, 1875, on the treatment of fistula and other sinuses by the elastic ligature, I anticipated a wider use for it than I have found. Still, I must assert that the ligature is most valuable in many cases, and frequently invaluable as an auxiliary to the knife." An entire chapter is devoted to the method of operating in cases of fistula, which is with a free use of the knife and the author's scissors. This description is made forcible by illustrative cases, and the method is thorough in every detail. The author discusses elaborately the pathology and treatment of internal hemorrhoids. Indeed, in our opinion this portion of the book is inimitable.

Eleven different methods of dealing with internal hemorrhoids are given, and these are discussed seriatim in the most impartial manner. In connection with the treat-

ment by the injection of carbolic acid Mr. Allingham recognizes very handsomely the views of Dr. J. M. Mathews, of Louisville. The author states that he has read with very great care the paper presented by Dr. Mathews to the Kentucky State Medical Society in 1878, and that he agrees with the opinions expressed therein. It will be remembered that Dr. Mathews pointed out in that paper that this method of treatment is painful and inefficient, and that death is to be feared (*a*) from peritonitis, (*b*) from embolism, and (*c*) from pyemia. The operation by the clamp and scissors is condemned as dangerous to life. The author's favorite method is the ligature combined with incision, which he pronounces the safest, the easiest, and the best of any yet devised. In support of his faith in this mode of operating he mentions that in the sixteen hundred cases treated by himself in hospital and private practice, not a single fatal result has occurred. The position assumed relative to this operation is fortified with the quoted experience of several prominent American surgeons.

Forcible dilatation is approved in the treatment of fissure or painful ulcer of the anus, though in many cases division of the sphincter with the knife is deemed preferable. Polypus and stricture of the rectum receive detailed consideration, and a chapter is devoted to the impaction of feces and prolonged constipation.

Mr. Allingham may be regarded the leader of a school in rectal surgery which embraces the views and methods of the best surgeons in Europe and America. The general practitioner will do himself and his patients important service by keeping his book at hand for study and reference.

Selections.

The Differential Diagnosis of Hard and Soft Chancre.—By Dr. McCall Anderson, in *Med. Times and Gazette*:

Infecting Chancre.

1. Four times less frequent than non-infecting chancre.

2. Appears from ten days to six weeks after exposure to infection.

3. Often more like an abrasion of the cuticle than a distinct ulcer; cup-shaped, and with an ash-

Non-infecting Chancre.

1. Presumption always in favor of non-infecting chancre, being so much commoner.

2. Appears within two or three days of exposure to infection.

3. A distinct ulcer, usually with perpendicular edges, as if made with a punch; base irregular and

gray base; rarely attacked by phagedena.

4. Hard, sometimes of almost cartilaginous consistence, and distinctly circumscribed. Induration absent in one twentieth of cases in men, and oftener in women.

5. Secretion thin, scanty, and watery.

6. Inoculation of secretion produces hard chancre in others, especially if they have not had the disease; but not usually auto-inoculable, because one infecting chancre usually protects the system from a second.

7. Generally solitary, but if more than one chancre they commence at same time, for reason above given.

8. Heals readily unless irritated by treatment.

9. Cicatrix comparatively trifling, and may disappear entirely.

10. Usually followed within a few weeks by indolent non-suppurating enlargement of neighboring glands (in inguinal regions if chancre on penis).

11. Always followed by constitutional symptoms, unless patient had the disease before, when they may be absent.

12. Mercury hastens healing of the sore, and disappearance of the induration.

honey-combed; often attacked by phagedena.

4. Often some hardness from simple inflammatory infiltration, but never cartilaginous; not so distinctly circumscribed, and although edges may be hard, center usually soft enough to allow sore to be doubled up between fingers.

5. Secretion abundant and purulent.

6. Inoculation of secretion produces soft chancre in person affected as well as in healthy persons, because one soft chancre is no protection against others.

7. Often a succession of soft sores from inoculation of the neighboring parts by pus from original sore, for reason above given.

8. Heals with difficulty, sometimes after months.

9. Cicatrix more marked, and generally permanent.

10. Often followed by absorption of virus from sore, and suppuration of one gland, the pus from which is virulent like that from the sore itself.

11. Never followed by constitutional symptoms.

12. Mercury generally has no effect upon it, or may even retard healing process.

Malaria in Continued Fevers.—Malaria is an important factor in the production of ague, but what part it plays in fevers of a continued and remittent type is a matter open to serious argument. It is true that fevers of this latter class occur nearly exclusively in malarious districts, but may this not be a coincidence? People who have lived in the tropics must have noticed the carelessness, the want of thought and attention to the atmospheric changes. At one time the weather may be warm and genial, and in half an hour's time raw and damp. Anglo-Indians dance, indulge in violent exercise in thin and scanty attire, and then sit down in the open air, without thinking of changing or putting on a warmer covering. This sudden atmospheric change of temperature acting on an overheated system produces a severe chill; and whereas in England we should have a severe influenza, here in India we have a fever, more or less severe, according to the health of our constitution.—*British Med. Journal*.

The Dissemination of Scarlet Fever.—In his second recently-delivered Ingleby Lecture on Scarlatina, published in the current number of the Birmingham Med. Review, Dr. R. C. R. Jordan makes the following remarks on the mode of dissemination of the disease, which put the facts in a concise form. He says: "Of the means by which the infection of scarlet fever is spread little is known with certainty. There is no proof that it can be disseminated through water or by milk-walks, except by the agency of the milkman or his clothes, as in the case of typhoid fever; no evidence that the dejections can contaminate wells or that the poison can be conveyed by drainage. There is no proof that it can be taken into the stomach by the agency of food or drink. The popular fallacy of its being carried by the desquamating epidemic scales has no evidence in its favor. There is a strong probability, amounting almost to certainty, that it can be taken in by the breath, and probably from the breath where there is sore-throat, long before the period of desquamation. Surgical cases in the vicinity of the epidemic give every proof that it can be absorbed by wounds or raw surfaces, as in direct inoculation, though this last process seems not to be often effectual when intentionally tried. Surgical scarlet fever is, curiously, almost always mild in character. The tendency to infection seems equally strong in puerperal cases, where the disease, on the contrary, generally assumes a very malignant type. The virus can plainly be carried by means of clothes, or even by less probable agents, as books or papers. There is every proof short of absolute demonstration that it may be conveyed by a laundress, from the mingling of healthy with infected clothes. It can contaminate cabs or railway carriages, and it has a great power of inherent vitality.—*The Lancet*."

The Treatment of Wounds.—Mr. Gosselin recently made the following clinical remarks on the treatment of wounds at the Charité Hospital in Paris (Med. Times and Gazette). They were *à propos* of a mixed wound—partly incised and partly contused—of the forearm, just above the wrist, and three or four centimeters long. Though not very extensive, the deep fascia was implicated, but none of the muscles. The wound was caused by broken glass. He had advised the use of a few sutures and a spirit lotion. His object was "to obtain immediate union—that is to say, cicatrization of the lips of the wound in two or three days without suppuration." Even if this did not take place, it was hoped to succeed in a week or so, without either suppuration or granulation. This is the second form of healing, "intermediate between primary union and reunion by granulations; a variety which has been observed since the application of antiseptic dressings of alcohol."

I have hoped thus to secure one of two ends. Which shall I actually get? At least I expect the second, even if I do not secure immediate healing. But in cases of deep or contused wounds the indications are no longer the same, for such a wound will most probably suppurate. What means are then to be taken? What physiological method can be used to secure immediate union? By immediate closure and alcohol dressings the development of inflammation is avoided; but, otherwise, healing is preceded by congestion, effusion of blood on the surface of the wound, an exudation of plastic material, and the formation of granulation tissue. The alcohol dressing is intended to diminish inflammatory action and to prevent the development of a pyogenic membrane.

Two considerations present themselves in this treatment of wounds. First, the theory of atmospheric germs in contact with the surface of a wound, and the development of vibrios, by which the putrid condition of the fluids bathing the wound is brought about. Hence, by an occlusive bandage, and the use of antiseptic substances, notably alcohol, the action of the germs on the wound, the putrefaction of the liquids, and the consecutive inflammatory troubles, are avoided. It is true that we can not see these germs, but their presence is generally accepted as a fact.

There is, however, another consideration. It is this: On the surface of a wound there are the tissues, the blood-vessels, and blood. What action have the antiseptics on these? They bring about the coagulation of blood in the open capillary vessels, and, as a consequence, their occlusion; they coagulate the albuminous materials of the blood in the interior of the vessels, as well as on the exterior, and so render the wound imputrescible, or at least less putrescible. These antiseptic agents are therefore very useful. It is true that there is always a little obscurity about this; nevertheless, this double rôle of occlusion and antisepticity is fairly intelligible. All antiseptics have the same action—alcohol, camphorated alcohol, or carbolic acid—but some have the coagulating power so strong that they cause gangrene of tissue and the formation of eschars. Therefore we must select our antiseptics with care, and bear in mind that something depends on the patient as well as something on the wound itself.

Carbolic Acid in Typhoid Fever.—M. Ramonet has recently published an account of the results he has obtained in Algeria by treating typhoid fever with carbolic acid, and the method of its use (*The Lancet*). Forty-one cases were thus treated, seventeen of which were severe, and two died, giving a mortality of five per cent, which must under the circumstances be considered remarkably low. The treatment consisted in injections of one gram of crystallized carbolic acid in one hundred and fifty grams of water at the temperature of the room. One injection was given daily in mild cases, two in cases of greater severity, three in severe cases. A few drops of laudanum were sometimes added to help the retention of the enema. The time preferred for the injections was eleven, four, and nine. The injections were followed by a fall in the temperature, which might amount to two degrees, and by a manifest diminution in the cerebral symptoms, headache, noise in the ear, and stupor, which might last for several hours. It is suggested that the favorable result is due in part to the antizymotic action of the carbolic acid. The dose should not exceed four grams a day. The larger doses given by Desplats, twelve or fourteen grams, are harmful by their indirect effects. A tonic and stimulant treatment should always be associated with that by carbolic acid. ●

Earache in Children.—The most effectual treatment, and the one which has stood the test of years, is the local application of a solution of the sulphate of atropia. The solution is dropped in the ear and allowed to remain ten to fifteen minutes; then it is run out by turning the head over. The solution should be warmed to prevent shock. From three to five drops should be used at a time. The strength of the solution may be one to four. Usually a few applications suffice.

Naphtol in Skin-Diseases.—Prof. Kaposi, in the *Wiener Med. Wochens.*, published his experience with naphtol in skin-diseases. He uses naphtol ointment in scabies, with the best results. His formula is, R Axungiaë, 100; sapon. mollis, 50; naph-tol, 15; cret. alb. pulv., 10; ft. unguentum. The patients, without any preliminary bathing, are firmly rubbed once with this ointment, and are then well powdered and covered with woolen clothing. One day suffices to effect a cure. For children the ointment is half the above strength of naphtol. In eczema the indications are the same as for tar. The naphtol must be employed much diluted, as it is apt to prove very irritating to an eczematous skin. In suitable cases, a half to one-per-cent ointment is rubbed in gently once or twice daily, or a quarter to a half-per-cent alcoholic solution is painted on the part. In chronic circumscribed eczema with thickened epidermis, a two to five-per-cent naphtol ointment is used. In eczema crustosum of the scalp, one part of naphtol to a hundred of olive, cod-liver, or almond oil, may be advantageously employed. In prurigo, the remedy is highly recommended. Every evening a five-per-cent naphtol ointment is rubbed over the affected extensor surfaces, and the parts are then powdered. Prof. K. states that a cure follows in a surprisingly short time. The treatment is modified for children, and the strength of naphtol reduced.

In ichthyosis, naphtol would appear to act as successfully as it does in prurigo. Five patients were treated in the Vienna Hospital during the year. They were all rubbed once or twice daily with five-per-cent naphtol ointment, with the result that the skin became smooth and pliable, while concomitant eczematous complications disappeared. To prevent relapse in prurigo and ichthyosis, a bath with naph-tol soap is taken once or twice a week, and a five-per-cent naphtol ointment is rubbed in every second or third day. When naphtol is used over a period of three to four months it is considered advisable to substitute for it a simple ointment every fourth week, in order to avoid any possible risk of absorption. Prof. Kaposi reports on its use in other skin-diseases, but in none of them are the effects so striking as in cases of scabies, prurigo, and ichthyosis.—*British Med. Journal*.

Treatment of Epilepsy.—The treatment of epilepsy recommended by Prof. Ball, of Paris, consists of the simultaneous administration of the bromides, with oxide of zinc and belladonna. The formulæ are as follows:

1. Bromide of sodium and bromide of ammonium, of each 10 grams; water, 300 grams. Begin by taking four tablespoonfuls daily in an infusion of valerian, and increase to eight or ten daily.
2. Extract of belladonna and oxide of zinc, of each one gram. Make forty pills, of which two are to be taken daily. In obstinate cases they may be increased to four.
3. A drastic purge once a week.—*The Lancet*.

Dr. Jno. M. Keating recently read a paper before the College of Physicians of Philadelphia, in which he stated that Dr. Formad and himself had found micrococci in the blood of children affected with measles of a malignant type (*British Med. Journal*). With the idea of counteracting the development of organisms, whisky was freely administered to some of the patients; and it was only when the alcoholic treatment was adopted that recoveries took place.

Writers' Cramp.—Prof. Nussbaum, of Munich, comes forward with a method of treatment which certainly deserves trial, if only on account of its simplicity. Considering that, whatever the site of the malady, there is always a spastic contraction of the flexors and abductors with a weak condition of the extensors and abductors, Professor Nussbaum (*Brit. Med. Journal*) set himself to contrive a penholder that should be directed by the extensors and abductors instead of the flexors and abductors. This he believes he has accomplished in what he terms a bracelet. This bracelet is a stiff band of gutta percha, oval in shape, about an eighth of an inch thick and an inch and a quarter broad, having a long diameter of three and three fourths inches, and a short of an inch and a quarter. It is therefore wide enough for all five fingers to be slipped into it; but in using it the thumb is only just entered, the fourth finger is entered almost as far as it will go, and the little finger is left outside. It is evident that the bracelet can be held firmly only by expanding the fingers strongly, that is, by the use of the extensors of the first four fingers and the abductor of the thumb. To this bracelet the pen is screwed so as to be in contact with the paper when the hand lies upon the table. (The instrument is made in different sizes by Stiefenhofer, of Munich.) In order to collect a large experience, Prof. Nussbaum advertised in the newspaper the gratis treatment of writers' cramp, and had accordingly a considerable number of well-marked cases. He states most absolutely that every one of these cases at once wrote easily and distinctly with this instrument, not a trace of spasm appearing in any one of them. All expressed themselves as feeling specially comfortable in using it, and some of the patients, after a time, acquired the feeling that they could again write in the ordinary way without fear of spasm.

The Employment of Blisters in Children.—Dr. Archambault, of the Hôpital des Enfants, in the *Progrès Medical*, says: I terminate here this dissertation by a declaration which is the expression of what a practice, now very long, has taught me. If I am still in doubt regarding the good effects which I have believed might be attributed to blisters under such rare circumstances, my conviction is absolutely final as to their mischievous influence in a great number of cases; and in a more concise manner I may say that I am not sure that I have ever seen them do any good, but that I am very certain that they have often done a great deal of harm. Never apply them, then, in children unless they are positively indicated, and especially take every precaution to prevent the accidents to which they may give rise.

Salicylate of Soda, internally in tonsillitis, and as a local application in gout, is highly recommended by Edward Mackey, M.D., of Brighton, in the *British Med. Journal* of October 14th. In tonsillitis he gives ten grains every two or four hours with marked relief, in some cases in twenty minutes. Larger doses are admissible. Dr. Mackey employs liquor ammoniæ citratis as the vehicle for the salicylate. The solution should be clear. His gout application, which serves equally well in rheumatic joints (we can bear testimony to the benefit of local applications of salicylic acid in rheumatism), salicylate of soda two drams, laudanum two drams, water eight ounces; dissolve and apply. In ten minutes he has had it to give relief.

On the Treatment of Chronic Ringworm.—On many occasions I have advocated the use of oleate of mercury for the treatment of chronic ringworm. I constantly see cases of ringworm which have resisted all forms of treatment for months, or even years, yield to a long-continued course of oleate of mercury; while, on the other hand, I have never seen a single case cured by any of the numerous remedies which have been proposed for this troublesome complaint (except croton-oil and other irritants), after it has resisted the action of oleate of mercury. . . .

I have for some months been using oleate of mercury dissolved in a heavy petroleum oil instead of in oleic acid; and I recommend this stable and convenient preparation as the most efficacious parasiticide for chronic ringworm; it is made by dissolving ten parts of oleate of mercury in ninety parts of heavy petroleum oil. This appears to be less liable to decomposition than the ordinary oleate dissolved in oleic acid. I have, besides, found that this preparation causes much less irritation to the scalp, and that children under seven years of age can bear the ten-per-cent solution well. If the patient be younger than this it can be diluted, if necessary, with ordinary petroleum or crystal lamp oil.—*Alder Smith, M.B., Lond., etc., in British Med. Journal.*

A New Cause for Mercurial Poisoning.—Two cases having recently come under our notice in hospital practice of mercurialism in men employed in exhausting the little globes used in the incandescent system of electric lighting, we think a brief notice of the fact will be interesting, and may perhaps call forth more information from others (*Med. Times and Gazette*). In each instance the gums were swollen, spongy, and tender, and there was salivation. The patients were employed in the same room, and both knew that mercury was the cause of their ailment. So far as we could gather from their account, the poisoning must have been due to mercurial vapor from the exhausting pumps, as no mercury was used except that contained in these pumps. From the statement of a patient we should infer that all those employed in the room would suffer from these symptoms, and have to give up the work in less than a year.

Etiology of Typhoid Fever.—Dr. de Pietra Santa, after having discoursed at the last meeting of the British Medical Association upon the etiology of typhoid fever, showed the relative value and importance of the two principal theories in vogue as to the nature and cause of this virulent form of fever. On his return to Paris he followed up his paper at the Academy of Sciences and the Academy of Medicine, which will, I presume, go the round of the medical societies here. He placed in juxtaposition what he calls the English and the French theories; the former maintaining that typhoid fever is produced by direct contagion, by the stools of the patient and the elaboration of morbigenic matter which is generated in the different pipes and drains of dwelling-houses or in the collectors of sewage water. In other words, the English theory may be said to consist, first, in impure and contaminated drinking-waters; secondly, in the exhalations from sewers or from the miasmata emanating from privies and cesspools. The French theory admits that typhoid fever may be developed spontaneously by infection or specifically by contagion; but the great majority of French authors do not accept the unity of the typho-genetic poison.

Thus it may be seen that Dr. de Pietra Santa has not thrown any new light upon the subject. He has not disproved the English theory, and I do not find that he has enunciated any thing novel concerning the French theory, which denies that the cause of typhoid fever consists of a germ, or of any single preformed agent entitling it to be considered as an exclusive or specific cause of this virulent type of fever.—*Paris Cor. of The Lancet.*

Miners' Nystagmus.—M. Dransart has lately read a paper on this subject before the French Association for the Advancement of Science (*Med. Times and Gazette*). The paper is based on ninety-nine cases. He arrives at the following conclusions:

1. Miners' nystagmus is due to a paresis of the organs concerned in the elevation of the eyes (both muscles and nerves), a paresis resulting from the fatigue of the elevators caused by the nature of the work (in low galleries, etc.). This paresis is independent of any central lesion of the nervous system, and of error of refraction. The general want of tone, anemia, and defective illumination are secondary factors, important in, but not essential to, the production of miners' nystagmus.

2. There exists also in miners a hemeralopia intimately connected with the nystagmus, but which may also be found independently of it.

3. Miners' nystagmus is a curable affection.

Hydrofluoric Acid in Diphtheria.—M. Henri Bergeron has advocated the use of hydrofluoric acid in the treatment of diphtheria as not only giving a better result than other remedies, but also as preventing the extension of the disease. A piece of fluor-spar and some sulphuric acid are placed in a lead vessel, and this is then heated in a salt bath, which is kept at a temperature of 90° or 100°; an acid vapor, easily borne, is disengaged. The apparatus is then placed on a table near the patient, who breathes it with uncovered mouth. It injures glass, which must therefore be greased to protect it, but the vapor has no appreciable noxious action on healthy individuals. The apparatus is refilled five times in the twenty-four hours. The cases treated in this manner were forty, and three only died.—*The Lancet.*

Extirpation of the Kidney.—Dr. Harris, of Philadelphia, furnishes, in the *Amer. Jour. of Med. Sciences*, an analytical examination of the one hundred cases of extirpation of the kidney which have been performed. Of these, forty-five terminated fatally, forty-five with recovery, and six were still under treatment. Nephrectomy may be safely claimed to save at least one half of the cases operated upon. The true value of the operation, however, can only be estimated when we have a record of the subsequent health of the patients, and the time, cause, and manner of their deaths.—*Med. Times and Gazette.*

A new Mydriatic.—Hyoscin, prepared by Ladenburg, and crystallizable by hydriodic acid, has proved to possess, if dropped into the eye, a remarkably rapid mydriatic effect, and surpasses in this respect atropia in a high degree. But the solution should be only a half-per-cent one, as stronger solutions (one and a half per cent) cause already general symptoms, as unconsciousness, disturbances of articulation, vertigo, and dryness of the throat. It may be mentioned that this preparation seems to be well tolerated by the conjunctiva, even if kept a long time in contact with it.—*Medical Press.*

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LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

MEDICAL MIRACLES.

It is a common saying that the day of miracles is passed; and like most of the common sayings and popular beliefs it is untrue. The following cases are real miracles in the true meaning of the word, and certainly the annals of medicine contain nothing more marvelous. Indeed, were it not, in the first place, for the professional status of the author of the report from which these cases are quoted, and, in the second place, for the explanation which follows, these miracles would be quite incredible. But that every word is absolutely true is entirely beyond question. Nor are they isolated examples. They are but typical cases and cures.

MIRACLE I. A young lady after a severe mental strain was seized with uncontrollable vomiting, which persisted for five years. For five years her stomach rejected every thing save a single swallow of milk mixed with whisky taken several times a day. Her emaciation became extreme, and her sufferings were most distressing. Every treatment failed to mitigate her condition, and all hope of recovery on her part, and on that of her family, had long since fled. Sixty-three pounds was her weight on April 4, 1882, when the new treatment began. On April 7th she was drinking two quarts of milk a day, and retaining it without whisky. In ten days her appetite was enormous. In six weeks her weight was one hundred and six pounds. When last reported, August 9th, she remained perfectly well.

MIRACLE II. A young lady of superior intellect and ambition, at fourteen years of age, while studying excessively and undergoing great mental strain was seized with hemiplegia, and for four years did not leave her bed, and was unable to move either

leg. A loud, barking cough constantly troubled her, and resisted every thing. No food was tolerated but milk, an orange, or a biscuit. She was pale and thin. Within forty-eight hours after commencing treatment her cough was gone. Within a month she walked perfectly, and has remained well ever since.

MIRACLE III. A lady of twenty-nine, always an invalid, for nine years lay upon her back, having no definite illness, but eating next to nothing, and suffering irregularly from headache, giddiness, nausea, backache, and intense nervous depression. Her skin was rough and dry, menstruation deranged, and sleep only came to her from morphia or chloral. Her timidity was excessive; she could not speak to a stranger, and had a horror of company. After six weeks of treatment she was perfectly well, and went on a sea-voyage, and afterwards on a railway trip. To-day she is a robust, life-loving woman, enjoying parties, picnics, lawn tennis, etc.

MIRACLE IV. An intellectual and cultivated lady, when first seen lay upon a couch, her neck rigid and her head drawn back, almost in a state of opisthotonos, her eyes fixed and staring upward. Her hands were clenched, and her arms contracted. She was ghostly pale, and attenuated to the last degree of emaciation. An invalid for eighteen years, for sixteen years she had not left her couch, or passed urine without a catheter. Her neuroses had been varied and severe; amongst others, amaurosis, hemiplegia, paraplegia, insomnia, anorexia, awful pains in head, back, and eyes. On January 14, 1882, this patient came under the new treatment. At this period she was taking large quantities of chloral and morphia to relieve her excruciating pains and to produce sleep. Her food amounted to almost nothing. Her intellectual faculties were said to be failing. She was having, often twice an hour, day and night, attacks of complete loss of consciousness, which passed off with general convulsive movements of face and body. These attacks presented every appearance of epilepsy. Both legs and her left arm were paralysed and totally devoid of sensation. The arm was rigidly contracted, and to keep it in position it was strapped to her side. It being desirable to change her residence before treatment was begun, this was

done. She was so ill, and shrieked and groaned so much the first night that no one was able to sleep in the house. Between 3 P.M. and 11.30 P.M. she had nine violent convulsions, averaging five minutes in duration. At 11.30 P.M. she became absolutely unconscious, and so remained till 2.30 A.M., her attendant thinking her dying. Next day she was quieter, and began steadily to improve. On the fourth day she passed urine voluntarily, and the catheter was never again used. In six weeks she was out driving and walking; and within two months she went on a sea-voyage to the Cape of Good Hope, looking and feeling perfectly well. When there, her nurse, who accompanied her, had a severe illness, through which her ex-patient nursed her most assiduously. She has since remained, and is at this moment, in robust health, joining with pleasure in society, walking many miles daily, and without a trace of the illnesses which rendered her existence a burden to herself and her friends.

We have said these extraordinary cures are real miracles. Yes, they are miracles wrought by a minister, and chiefly, we believe, through faith.

But the minister was not one of religion, but a minister of medicine, and the faith of the invalids lay only in the doctor and his methods, and not in any higher power, at least so far as is recorded.

A miracle in its original and exact sense is a marvel, a wonder, an extraordinary occurrence. Theology and custom restrict the term to supernatural occurrences. But all things must be either natural or supernatural. If the creative power be independent of a creator, as is held by some, then all things are natural. On the other hand, if the universe is the work of God, then all things are inevitably supernatural. In either case the cures under consideration deserve the title of miracles.

In the British Medical Journal of August 19th may be found the able paper from which these interesting facts are extracted. It is entitled: Remarks on the Systematic Treatment of Aggravated Hysteria and Certain Allied Forms of Neurasthenic Disease.

We have presented the matter in its present form for the purpose of placing it as conspicuously as possible before the readers of the NEWS. The subject is one of the greatest practical importance, and no phy-

sician can afford to ignore it. The system of treatment, presently to be described, originated in America. Dr. Weir Mitchell, of Philadelphia, if not its discoverer, certainly is the author of the system in its present perfected form. His work on this subject should be universally read. The following is a skeleton of Dr. Playfair's method as described by him:

1. The removal of the patient from her home-surroundings, and her complete isolation in lodgings with only a nurse in attendance, is a matter of paramount importance. This is a point on which I am most anxious to lay stress, since it is an absolute *sine qua non* to success. . . . While, however, the patient is to be rigidly secluded, it is incumbent to secure a judicious nurse with sufficient intelligence and education to form an agreeable companion. . . .

2. Next in importance comes systematic muscular movement, having for its object the production of tissue waste. This is administered by trained rubbers. . . . It consists in systematic and thorough kneading, and movements of the whole muscular system for about three hours daily, the result of which at first is to produce great fatigue, and subsequently a pleasant sense of lassitude. Subsidiary to this is the use of the faradaic current for about ten to twenty minutes, twice daily, by which all the muscles are thrown into strong contraction and the cutaneous circulation is rendered excessively active. The two combined produce a large amount of muscular waste, which is supplied by excessive feeding. . . . The feeding, at regular intervals, constitutes a large part of the nurse's work. At first from three to five ounces of milk are given every few hours; and for the first few days the patient is kept on an exclusively milk diet. By this means dyspeptic symptoms are relieved and the patient is prepared for the assimilation of other food. This is added by degrees, *pari passu* with the production of muscular waste by massage, which is commenced on the third or fourth day. By about the tenth day the patient is shampooed for an hour and a half twice daily, and by this time she is always able to take an amount of food that would appear almost preposterous, did not one find by experience how perfectly it is assimilated and how rapidly flesh is put on. It is the usual thing for patients to take, when full diet is reached, in addition to two quarts of milk daily, three full meals, viz., breakfast, consisting of a plate of porridge and cream, fish or bacon, toast, and tea, coffee, and cocoa; a luncheon, at 1 P.M., of fish, cutlets or joints, and a sweet, such as stewed fruit and cream, or a milky pudding; dinner, at 7 P.M., con-

sisting of soup, fish, joint, and sweets; and, in addition, a cup of raw meat soup at 7 A.M. and 11 P.M. It is very rare to find the slightest inconvenience result from this apparently enormous dietary. Should there then be an occasional attack of dyspepsia, it is at once relieved by keeping the patient for four-and-twenty hours on milk alone.

In conclusion, I may remark that it seems to me that the chief value of this systematic treatment, which is capable of producing such remarkable results, is, that it appeals not to one but many influences of a curative character. Every one knew, in a vague sort of way, that if a hysterical patient be removed from her morbid surroundings a great step towards cure is made. Few, however, took the trouble to carry this knowledge into practical action, and when they did so they relied on this alone, combined with moral suasion. Now I am thoroughly convinced that very few cases of hysteria can be preached into health. Judicious moral management can do much; but I believe that very few hysterical women are conscious imposters; and the great efficacy of the Weir Mitchell method seems to me to depend on the combination of agencies which, by restoring to a healthy state a weakened and diseased nervous system, actually cures the patient in spite of herself.

The term hysteria is an unfortunate one in this connection, since boys and men sometimes are the subjects of the disease, and, strictly speaking, only those having wombs can have hysteria. The condition doubtless is one of neurasthenia, and this may be brought about by physical or by mental causes. The symptoms in different cases are widely various. In some sensation, in others motion, and in others intelligence is affected. In all the marvels are wrought chiefly, we opine, through the imagination. The results are too rapid to be due to electricity or friction. For instance, think of a person vomiting steadily for five years every thing but a few mouthfuls of milk and whisky daily, and then in three days retaining without trouble two quarts of milk a day. Or recall Case IV., sixteen years bedridden, convulsions a score or more a day, a skeleton, and her intellect waning, and yet in six weeks driving, walking, and a well woman!

The importance of tissue waste by friction and electricity, as suggested by the advocates of this treatment, surely is exagger-

ated. In truth it seems absurd to talk about wearing out still further the wasted tissues of these miseries, since they are already reduced well nigh to skin and bone. That the Weir Mitchell method is a valuable treatment is beyond question. It is an immense boon to the wealthy and fashionable invalid. It is indeed "only quite too awfully delicious" to some ladies to be able to have such marvelous cases, which make all their friends admire and talk, and then to be restored to health by a novel and complex treatment. They become heroines in their set, and all the social world wonders. But plainer people are cured of the same maladies sometimes by fright and faith-doctors and "evangelists." We have one of the latter in Kentucky, and he and his followers claim that, like the apostles of Christ, he cures all diseases in those who possess perfect faith. After this minister's religious services he regularly calls up to the front those who desire to be healed of bodily afflictions as well as those who have sin-sick souls; the latter he relieves by prayer, the former by anointing as well as prayer. His power he attributes to God. Weir Mitchellism is a superb placebo.

WEIGHT OF KENTUCKIANS.—At the exposition in Cincinnati during the past fall a record of the visitors' weight was kept. Taking the mixed crowd, the men averaged 154.92 pounds and the women 130.87 pounds. This beats the Boston weight taken in 1864. The men there weighed 141½ pounds and the women 124½ pounds. The Kentuckians visiting the Cincinnati show averaged 158.43 pounds and the Kentuckiennes averaged 133.76 pounds—a higher average than from any other State. Government statistics show the inhabitants of Kentucky and Tennessee to be the tallest people in the world. The climate and food in the two States are similar. Blood from the British Isles and abundant native beef and bread are the sources of this superior size, as well as of the extraordinary beauty of the women of these central States.

MISCELLANY.

THE American Public Health Association, at their meeting last week, did some good work, although from our report of the proceedings, a portion of which is elsewhere printed, it seems to have had a narrow escape from running on a snag that would have seriously embarrassed its deliberations and probably put a different face on its actions. The attendance was small; yet brains, honesty, and disinterestedness were represented. Wise counsels with skillful management shaped its action and strengthened it with those whose interest and support is essential to its permanence and influence. Its emphatic and hearty condemnation of the action of the late Congress regarding the National Board of Health, and the evident desire of the members to do their utmost to see this blunder corrected, must have been a gratification to the members of the board, who certainly have deserved better treatment than an ignorant and indifferent Congress accorded them.

The adoption of the constitutional amendments providing for an associate class of members was an important safeguard; and while it may temporarily restrict the admission of new members, yet it will have the effect of strengthening the association in just those parts where hitherto elements of weakness have been manifest. We would, however, suggest that the executive committee exercise the discretion, that we believe they possess, to in the future admit members proposed at the meetings entirely to the associate class, to be promoted to the active list during the year, if, on examination, it is found that they are eligible and they signify their desire for such promotion by continuing the payment of their dues. To select from a number of gentlemen living in a town, part for the active list, and assign others quite as eligible, but not so well known to the committee, to the associate class, is likely to produce irritation in the particular community; and as the executive committee can not within twenty-four hours find out every man's status, it seems to us better to place all new members the first year in the associate class. This will, we apprehend, remove a possible cause of dissatisfaction.—*Sanitary Engineer.*

A NEW FOOD ANIMAL.—The capybara, the largest of the rodents, and quite like the hog in appearance, barring its broad nose and big gnawing teeth, and feet like the

rodents instead of hoofs, is strongly recommended, says the British Medical Journal, by Dr. Saec for domestication. Dr. Saec says: "It is an excellent acquisition for farms and country houses, where, without requiring more care than a rabbit, it will supply as much meat as a sheep; and he believes that it will take a place between the pig and the sheep in Europe, and that in many ways it can be substituted for the last-named domestic animal. This capybara, which is found in great abundance in South America, is of the average size of a pig. It can be obtained very easily. It quickly recognizes its master, whom it follows every where, and eagerly seeks for caresses. It especially likes to be scratched, and to attract attention extends itself at full length on one side. It is very clean in its habits. In shape the capybara realizes the normal type of the meat-producing animal, as its body is an almost perfect cylinder; its limbs are short and slender; its tail and ears are very short; the head alone is large. Its apathetic character makes all nourishment available which it consumes, so that it is not necessary to fatten it; and it can be kept in a limited space. It will thrive in a dry stable, where it should be fed on all kinds of vegetables, herbs, and roots. It likes clean water and a soft litter, and it eats remarkably little for its size."

TINCTURE OF IODINE IN ERYSIPELAS.—For weeks the English journals have teemed with communications on this subject. The weight of testimony seems in favor of its efficacy as a topical application, not a few claiming for it infallibility. This is a very old treatment, but for many years has apparently been but little used. That many cases will recover under its use is certain; but this is equally true of any treatment which is not very harmful. The tendency of most cases of erysipelas is to recovery. This tendency in days gone by was often fatally perverted by purging, bleeding, salivation, and nauseants. Maissonneuve, at the Hôtel Dieu, used to insist that to blister erysipelatous surfaces was the proper treatment. It assisted, he declared, the elimination of the poison which was attempting to escape through the skin. Cold water, poultices, collodion, nitrate of silver, the bisulphites, carbolic acid, and no end of applications have been from time to time advocated. The favorite treatment, however, and one well founded on fact we believe, is the application of placebos, emollients, anodynes, or protectives, as these may seem indicated in individual cases,

giving internally tincture of iron and quinine in full doses. Furthermore, quinine is probably, if indeed not certainly, a prophylactic to erysipelas. Whether it acts as an antizymotic, a malaria antidote, or a germicide, is not of practical importance.

VIRCHOW ON SOUPS AND BROTHS.—Meat broths are neither nutritious nor substantial (*Scientific American*). Meat broth or bouillon in its pure form can only be recognized as a condiment. By the addition of eggs, flour, fat, and other things, it may acquire a certain nourishing and heating value. It is, primarily, only a very dilute aqueous solution of substances that are in part of low value as heat-producers, such as gelatine, and in part of the stimulating aromatic parts of the meat. Taken warm, it is of nearly the same value as coffee or tea, but is inferior to wine, schnapps, or beer. It only stimulates the nerves. It has one advantage over every other condiment, namely, it contains no poisonous substance, it is incomparably milder, hence much better adapted to feeble persons; and, finally, it can be conveniently combined with substances that are actually nutritious, and imparts to them an agreeable and "substantial" taste.

CEREBRAL LOCALIZATION.—Dr. J. C. Dalton says: Goltz, by a series of very carefully performed experiments upon animals, was enabled to keep the animal alive a year after destroying three fourths of the cerebral cortex. The result he reached was that the assumption that particular districts of the brain are devoted to special functions is untenable. He says it is impossible to paralyze permanently a single muscle of the body by the destruction of any part of the cerebral cortex, and that equally it is impossible to believe that any circumscribed district of the cortex is exclusively devoted to the sense of sight, smell, hearing, taste, or touch.

DR. N. P. DANDRIDGE, of Cincinnati, reports in the *Cincinnati Lancet and Clinic* of the 4th inst. a successful operation for stone in the bladder after the method of Bigelow, and also a case of ovariectomy with recovery. The ovariectomy was done with strict antiseptic precautions, except the spray was not used.

SMALLPOX IN AUSTRALIA.—Dr. Thomas S. Bulwer, health officer, reports in the Aus-

tralian Medical Journal his management of variola, as follows: "No one is allowed to approach the patients or the nurse. I myself give instructions at a distance, and receive reports in the same way from the nurse."

FAR-FETCHED CONSOLATION.—The editor of the *New York Medical Record*, commenting on the observations of M. d'Abbadie and M. Fouque, that sulphur seems prophylactic to malaria, draws comfort from the thought that there can be no malaria in the bottomless pit. Let us hope that our brilliant contemporary may yet repent him of his rebellion against the code and, atoning for this great sin, which burdens his otherwise amiable soul, take the strait and narrow way that leads in the opposite direction. But, should he go on down, he may possibly find himself praying for a persistent ague in that torrid place.

TYPHOID FEVER AND INFECTED MILK.—An outbreak of typhoid fever has occurred in Halifax, and Dr. Britton, the health officer, shows conclusively that infected milk was the cause of the outbreak.—*British Med. Journal*.

LOCOMOTIVE-SMOKE.—Coke as a substitute for coal has, it is said, been successfully used in locomotives, thereby doing away with that nuisance of railway-travel, coal smoke.

INFANT OVARIOTOMY.—Dr. Hingston, of Montreal, recently removed an ovarian tumor from a child two years of age. The patient was doing well at last account.—*Canada Lancet*.

DR. C. C. FORBES, of this city, has accepted the position of superintendent of the Arkansas Lunatic Asylum at Little Rock. Dr. Forbes was formerly superintendent of the Central Asylum at Anchorage in this State.

DR. JOHN T. WILLIAMS, Professor of Anatomy in the Hospital College of Medicine, and Miss Susie Montz were married at the residence of the bride in this city on Thursday the 2d inst.

DR. CHAS. H. KEARNS, of Covington, is suffering with septicemia, the result of a wound received while performing a surgical operation.

Original.

CEREBRAL ANEMIA.

A Clinical Lecture.

BY WM. T. PLANT, M.D.,

*Professor of Diseases of Children in Syracuse University,
Syracuse, N. Y.*

Gentlemen: Now and then you will find, when caring for young children affected with exhausting diseases, that cerebral symptoms occur to complicate the case and add to the gravity of your prognosis. According to the popular speech and belief—and sometimes the professional too—the disease has “gone to the brain.” This assertion, though not scientifically exact, appears to bear with it a measure of comfort; for it is regarded as a proof of mental precocity that is very gratifying to doting parents. Now what is the real condition when the child, during or after some other serious illness, begins to exhibit symptoms that call our reluctant attention to the head? Almost always it is cerebral anemia—a lack of good blood to nourish the rapidly growing and extremely active brain. This condition used to be known as “hydrocephaloid” and “spurious hydrocephalus.” But these names have outlived their usefulness, and I mention them just to ask you not to remember them.

When the blood lacks in quantity or quality, as it often does after profuse hemorrhages or diarrheas or the continued fevers, the brain feels the loss of its accustomed nourishment. It becomes anemic and exhausted, and manifests its needs by such symptoms as these:

The infant (for these symptoms rarely occur in children of more than two years) becomes extremely restless. Generally there are long fits of crying, in which it throws its limbs and rolls its head in the pillow, and moves it about as if in vain search for a comfortable resting place for it. Persistent rolling of the head back and forth is a very characteristic symptom. Sometimes the hair is worn from the occiput in this way. Now and then it grasps its head with its tiny hands, scratches its face until it bleeds, and pulls its hair as if in a frenzy. In some cases the head is drawn back into the pillow by the contraction of the posterior cervical muscles. When in these spells the infant gives little heed to its surroundings, as with rolling head and moving limbs it cries vociferously, refusing to be comforted. At length it becomes quiet through exhaust-

ion, and then lies with half-closed eyes, the balls perhaps turned upward, and thumbs and fingers drawn tightly down into the palms. The spasm may, and often does, extend to many other muscles—so many that the whole body may become rigid; but this is usually soon succeeded by relaxation. The face is pale and cool, and the pulse is usually very rapid, though weak.

Here are points of difference that serve to distinguish this condition from that of cerebral inflammation. During the first days the babe wakes abruptly after a short nap, and with wild, staring eyes launches into another period of restlessness. It is extremely peevish and impatient of interference. Vomiting, though not a constant symptom, is frequent after food or drink. If we examine the head, we find no rise in temperature. The anterior fontanelle, if not yet closed, is depressed and sometimes deeply concave. The cranial bones overlap, the parietal over-riding the frontal, forming a well-marked ridge. The scalp is loose and voluminous, as though made for a larger child. Here again are points, attention to which will prevent you from making a diagnosis of inflammation.

If the disease is unchecked, the periods of quiet and stupor come oftener and last longer, until at last the child may be altogether comatose. General convulsions sometimes occur as in other instances of serious disturbance of the nervous system. There is no certainty as to duration; that depends on cause and degree. Some cases run a sharp and rapid course straight to a fatal ending; others are more protracted or yield to treatment. Such is cerebral anemia occurring in a child of one or two years. But older children are sometimes affected in rather a different way from the same cause.

A child old enough to walk and talk, or perhaps attend school, has some long exhausting illness, say typhoid fever. On recovery, the parents notice that it does not act as before; that it is slow of thought and speech; or, likely enough, that it seems to have almost wholly lost its mind. Instead of the mental alertness that characterized it before its illness, there is perhaps a silly laugh with nothing to laugh at, and a vacant stare when spoken to. You may regard these symptoms as manifestations of cerebral anemia, and you may, with considerable assurance, tell the anxious mother that when, after weeks or months, the brain shall have fully recovered from its exhaustion, her child will again be *compos mentis*.

Frequently your attention will be called to cases like this: A fast-growing youth, anywhere from eight years old to puberty, has been always at school, and crowding of late to keep pace with his classes. He lacks color, his hands and feet are apt to be cold, he inclines to be peevish, his head is tired and confused and often aches, he is dizzy at times, and his sleep is fitful and unrefreshing. In this instance also I think the head-symptoms are the outcome of an anemic state of the brain—the result of rapid growth, lack of air and exercise, and over-study.

Treatment. After the view of cerebral anemia that we have had together, you will not, I am sure, make the disastrous mistake, once so common, of treating it as an inflammatory affection. It is of the first importance to correct the condition that has given rise to the brain-symptoms. That done, the head, in many instances, will take care of itself. The skill of the physician is often best shown in a timely resort to preventive measures. In infants the ordinary cause of this disorder is diarrhea, and if you remember this you will naturally endeavor to forestall the anemia by using betimes sustaining and stimulating remedies. The restlessness and irritability may be soothed for the time being by a general warm bath. I think it well to place the infant in it, for five minutes or so, two or three times a day. It energizes and equalizes the circulation. Often it is of advantage to increase the stimulating effects of the bath by the addition of a little ground mustard. Another soothing as well as sustaining remedy is opium.* When there is looseness of the bowels it serves a double purpose. You may safely give .03 gram or one half grain of Dover's or Tully's powder to a child of one year three or four times daily. When the babe is very low it may be better to give some liquid preparation of opium combined with a stimulant, like this:

Ammoniæ carb.....	gr. x;	.60 Gm.;
Tinct. opii camph.....	fl. ss;	15.00 Gm.;
Syrupi simplicis.....	fl. j;	30.00 Gm.;
Aquæ.....	ad. fl. ʒ iij;	90.00 Gm.

M. Teaspoonful.

The next most important remedy, if indeed it should not stand first, is alcohol. If stimulants are needed anywhere, they are here; and you may give them somewhat freely. The particular form is not so very important. Champagne, brandy, bourbon, rum—any of these will answer. I generally order bourbon, a pure and good article of which is readily obtained. To a child of from one to two years old you may give, in

urgent cases, from ten to twenty drops hourly. There is a good formula for a milk-punch adapted to a child of that age:

Bourbon	one tablespoonful;
Water	two tablespoonfuls;
Milk	five tablespoonfuls;
Sugar	two teaspoonfuls.

Give a teaspoonful.

If the infant is not nursing, see that its milk is of good quality. If it is persistently vomited, you may be obliged to substitute animal broths for a time. If these fail to agree, try pounded raw meat as advised by Steiner, who says that it will often stay on the stomach when all other food is returned.

For those older children who have lost mental power through long illnesses, and for that other class in whom rapid growth and over-study have induced headaches and other unpleasant cerebral symptoms, the great remedies are out-of-door exercise, mental rest, and nutritious food.

Correspondence.

Editors Louisville Medical News:

On the 25th of last month a day laborer applied to me for medical aid, saying at the time he was not well and could not work as he desired. I accordingly made a thorough examination. I found his appetite to be very poor indeed. I then began to question him closely as to what he had been doing for the last few days, and found he had been a short distance from home in another county, and had to swim a river to reach the desired point. Afterward he had taken a teaspoonful of spts. turpentine to prevent, according to his idea, a severe cold. After having swallowed the turpentine a few hours he began to experience some difficulty in urinating, and the urine became bloody. I then and there diagnosed the case as one of hematuria with more or less strangury, produced by an overdose of spts. turpentine. The patient's general appearance was that of malarial cachexia. Tongue very much coated, pulse weak and compressible, respirations labored and shallow, pupils dilated to a large degree, temperature at or near the normal standard. After I had made my diagnosis I ordered

Fluid ext. ergot	fl. ʒ j;
Pot. brom.....	fl. ʒ ss;
Morphia sulph.....	gr. j;
Aquæ	fl. ʒ vi.

M. A tablespoonful to be taken every four to six hours until relieved.

Pills hydr. gr. iii ordered to be taken at bedtime. I did not see the patient for a whole week, at the end of which time he expressed himself as entirely restored.

J. K. P. CALDWELL, M.D.

DENMARK, TENN., Oct. 31, 1882.

Books and Pamphlets.

ON ASTHMA: ITS PATHOLOGY AND TREATMENT. By Henry Hyde Salter, M.D., F.R.S. First American edition, from the last English edition. Wood's Library of Standard Medical Authors. September, 1882.

SLIGHT AILMENTS: THEIR NATURE AND TREATMENT. By Lionel S. Beale, M.B., F.R.S., etc. Second edition, enlarged and illustrated. Philadelphia: P. Blakiston, Son & Co. 1882. For sale by John P. Morton & Co., Louisville.

THE USE OF THE ECRASEUR FOR CURING DEEPEST SEATED FISTULA IN ANO. By J. M. F. Gaston, M.D., of Campinas, Brazil. With Compliments of Author.

THE ANNALS OF ANATOMY AND SURGERY for October contains an able original paper by William Dunnett Spanton, F.R.C.S.E., of Staffordshire, England, on Recent Methods of Operating for the Cure of Hernia; a contribution to Anatomical Variations and Anomalies, by Francis J. Shepherd, M.D., M.R.C.S. Eng., of Montreal, Canada; and an admirable sketch of Rhazes, being the continuation of the scholarly papers contributed in series by Dr. George J. Fisher, of Sing Sing, N. Y. Dr. Fisher possesses facilities and scholarly attainments which peculiarly fit him for the task he has undertaken. These papers are gems which adorn the work of a finished scholar and an able practitioner. It is to be hoped that, when completed, these chapters will be published in book form. They should be read by every physician, and those members of the profession who cherish its early literature have already followed these articles with rare pleasure and satisfaction. The editorial department of this, the October number, is given to a paper on Pre-vesical Phlegmons, by James E. Pilcher, M.D., of Brooklyn, one of the associate editors. This journal is devoted almost exclusively to anatomy and surgery, and is eminently creditable to American medical literature. Among its editors, in addition to Drs. Pilcher and Fowler, of Brooklyn, Shaffer, of New York, Henry O. Marcy, of Boston, Roswell Park, of Chicago, and Wm. Mastin, of Mobile, is Dr. Oscar H. Allis, of Philadelphia, one of the most indefatigable workers in the profession, and a surgeon whose contributions are always practical, progressive, thorough, and valuable. His contributions to the surgery of the joints alone entitle him to a position in the very front rank of American surgeons. This magazine is the journal of the Anatomical and Surgical Society of Brooklyn, a monthly, and has reached its sixth volume.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

The Pathological Society of Philadelphia held its meeting on Thursday evening, October 26, 1882, the president, Dr. James Tyson, in the chair.

HYPERTROPHY OF THE PROSTATE GLAND, accompanied by Profuse and Fatal Hemorrhage, presented by Dr. J. B. Roberts, for Drs. J. M. Adler and Wm. Hunt.

The clinical history furnished by Dr. Adler is as follows: The patient, aged sixty-six years, of medium size, weighing one hundred and fifty pounds, of regular habits, had enjoyed good health until within one year past. On a number of occasions during the past year he has had slight hematuria. He passed his urine with ease, and only complained of slight perineal pain. On the 12th of September last he arose in the morning in his usual health, but soon after breakfast he was attacked with sudden, acute pain in the bladder, which he was unable to empty. Dr. Adler saw him in a short time, when the patient complained of great hypogastric pain, and was much prostrated, with a blanched, sallow, cold skin, and a rapid and feeble pulse. A well-defined pyriform swelling occupied the hypogastric region, extending upward to the umbilicus. After stimulants and morphia had been given, about one pint of fluid blood was drawn off by the catheter, after which, this instrument becoming blocked, a double one was introduced, by means of which injections of warm water were thrown into the bladder, and another pint of broken-down coagula was removed. A solution of alum, twenty grains to the pint, was then introduced into the bladder and allowed to remain. Despite the internal use of ol. terebinth. and ol. erigeron, with opium suppositories, the hemorrhage continued, necessitating recourse to the catheter injections, etc., to free the bladder from coagula. Death ensued on the sixth day from exhaustion induced by the repeated hemorrhages. The diagnosis arrived at by Drs. Hunt and Adler was carcinoma of the neck of the bladder.

Sectio Cadaveris. The autopsy was a partial one, made in the undertaking establishment. Upon incising the hypogastrium the distended bladder was at once seen, containing nearly a pint of clotted blood. This was removed by the hand through an opening in the viscus, when Dr. Roberts felt, near the vesical neck, protruding into its interior, a pear-shaped mass about the size and shape of the adult uterus. This, as the members of the Society knew, was evidently a greatly enlarged middle lobe of the prostate gland, covered by unaltered mucous membrane. The lateral lobes were also enlarged. The mucous lining of the viscus was smooth and congested, presenting at one point two small circular depressions, with cleanly cut edges. Owing to circumstances, no further examination of the body was made.

Dr. Eskridge inquired whether the blood removed from the bladder at the autopsy presented a urinous odor. He had treated, recently, an interesting case of recurring hematuria, supposed to be due to a varicose condition of the veins of the vesical neck. The patient was a man aged seventy-seven years, who, five years ago, and at intervals since, had lost considerable blood. The former attacks had yielded readily to ergot; but shortly after the onset of the last one

Dr. Eskridge had found the bladder distended with a large clot which he had been unable to break down by injections of either alkaline or acid solutions. The secretion of urine was suppressed during the last twenty-four hours of the patient's illness, the blood drawn from the bladder presenting no characteristic odor. The man died apparently from uremia, two or more severe chills preceding death, although no convulsions occurred, and he remained conscious to the last. Unfortunately, no post-mortem examination was obtained.

Dr. Formad thought that the growth resembled rather a sarcoma than a carcinoma. He had seen two instances of round-celled sarcoma of the prostate. All growths starting from the epithelia of the genito-urinary tract, as well as from the cavity of the uterus, the kidneys and supra-renal bodies, in short, growths of all the organs arising from the middle layer of the blastoderm, microscopically resemble sarcoma, and usually prove to be such when microscopically examined.

Dr. Tyson said that this specimen possessed a special interest for him, inasmuch as he had had his attention forcibly directed to the differential diagnosis of a simple hypertrophy of the prostate from malignant disease of that organ by having lately under his care a gentleman where ergot at first proved of much benefit, but in whose case the catheter was soon demanded. This instrument was used with unusual skill and gentleness by the patient himself, notwithstanding which blood occasionally followed its use. Exceedingly severe pains next developed, radiating from the bladder to the testicles, groins, and inner aspects of the thighs. Emaciation soon set in, and he died at the end of fifteen months. At the autopsy malignant disease of the prostate was found, involving by infiltration the lateral aspects of the bladder and the neighboring parts so as to compress the nerves, thus accounting for the radiating pains complained of. He would like to know from Dr. Roberts whether his case presented this symptom of radiating pains, and also the source of the hemorrhage, as the smooth surface of the growth and the healthy condition of the mucous membrane of the bladder are such as to excite surprise.

Dr. Roberts, in reply to the various questions propounded, said, that only having made the post-mortem examination he knew nothing beyond the facts given in the notes read. As to the source of the hemorrhage, he would call attention to the two small erosions of the mucous membrane of the bladder as the probable source.

REPORT OF COMMITTEE ON MORBID GROWTHS.—The specimen presented by Dr. Roberts, upon microscopic examination is found to consist of the histological elements composing the prostate gland. There is no evidence of any neoplasm, except a numerical hypertrophy of the structures of the organ. The specimen is a hypertrophic prostate gland.

CASEOUS DEGENERATION OF THE KIDNEYS.—Presented by Dr. J. B. Roberts for Dr. Dunmire.

Owing to Dr. Dunmire not having seen the woman until within a few hours of death the history of necessity is imperfect. She was a married woman, thirty-nine years old, whose husband is said to have infected her with some form of venereal disease. The husband had been dead for about one year when the patient first came under treatment. There were no evidences of syphilis, so that the supposed venereal affection of the past had been presumable gonorrhea. When seen, September 14, 1882, was exceedingly ill, gave a

history of general ill health for the past few years, but dated the present trouble some weeks back when she had bathed in the surf while menstruating. This was followed by a chill, since when she had steadily grown worse. When Dr. Dunmire saw her, she complained of sore throat, difficult deglutition, anorexia, sick stomach, pain in the back, with sharp pain running towards the groin, especially on the right side, tenderness over the abdomen, and frequent scanty micturition. The pulse was 140, the temperature 103°, and there was profuse leucorrhea. An unfavorable prognosis was given, which was soon verified by her becoming unconscious. She died six hours later.

Autopsy. The abdomen alone was allowed to be examined. All organs healthy except kidneys and bladder. The latter contained a little urine and mucus, its walls were much thickened and its lining membrane was congested. The left kidney had little true kidney-structure left, but was converted into a group of seven or eight cysts containing a white cheesy material of a moderately firm consistence. The ureter was much dilated and thickened for about three inches from the pelvis of the kidney. The right kidney was normal in outline, but when incised revealed one large cyst with creamy contents, and also another small cavity containing a few minute calculi. Several of these could be felt through the walls of the normal ureter, thus accounting for the ante-mortem renal colic. The peri-nephritic structures were unchanged, as well as the capsules of the kidneys, although these latter were perhaps more adherent than normal.

LYMPHOMATOUS TUMOR OF MEDIASTINUM.—Exhibited by Dr. W. S. Little for Dr. G. C. Smith, of Rondout, N. Y.

The history of the patient from whom these specimens were removed is in brief as follows: A young man, aged twenty-four years, had been but a few days under Dr. Smith's care, having come from Boston, where his physician had pronounced him phthisical, and had recommended a sea-voyage. During the past few months small nodular masses had developed in the muscular tissue of the right chest-walls, near the median line in front, and also posteriorly. The axillary and subclavicular glands were involved. Shortly after Dr. Smith first saw him he developed marked dyspnea, and died suddenly, without any evidences of marked lung disease, except, perhaps, some symptoms of pleuritis. There was apparently mitral disease, anasarca, specially of the lower extremities, gradually developed.

Sectio Cadaveris.—The skin was hard and friable; nodular masses were found disseminated through the muscular tissue of the chest-walls, which had undergone some species of degeneration; the costal cartilages presented evidences of a degeneration similar to that seen in the muscles. On removing the sternum, the subjacent tissues were markedly pigmented, and the anterior mediastinum completely obliterated by a mass of the size and shape of half of a large lemon, which pressed against the heart. The large bronchi were involved in the growth, otherwise the lungs seemed healthy, and evidences of slight pleurisy were found. The pneumogastric nerves were both involved, chiefly the left, and on further dissection the disease was found to occupy all of the lower part of the posterior mediastinum, involving the contiguous osseous tissues. The nerve involvement explained the sudden death. The diaphragm was also involved in the lower portion of the growth. The four portions of the growths shown to the Society are: (1)

one of the sub-cutaneous nodules; (2) a small portion of left lung near its root; (3) a portion of the anterior mediastinal growth with part of trachea, bronchi, and aorta; (4) one quarter of the tumor which, involving the diaphragm, projected from the left thoracic wall into the chest-cavity.

Dr. Formad inquired whether there were any other evidences of cancer in the remainder of the body.

Dr. Little replied that none were detected.

Dr. Formad then said that he was unaware of any specimen of primary carcinoma of the mediastinum on record, and moved the reference of the specimen to the Committee on Morbid Growths, as it was probably a sarcoma.

REPORT OF COMMITTEE ON MORBID GROWTHS.—The mediastinal growths are found on microscopical examination to consist of a mass of hypertrophic lymphatic glands much pigmented. There are also adipose and fibrous tissues in a state of active proliferation.

CIRRHOSIS OF THE LIVER IN THE STAGE OF ENLARGEMENT.—Exhibited by Dr. E. T. Bruen.

T. W., aged 20 years, colored, has worked on farm since boyhood, and has been much exposed to weather. His habits were temperate; he was free from either syphilitic or malarial taint. Father is still alive; the mother died of phthisis. He was never robust, but had had only one severe illness, viz. typhoid fever, from which he convalesced perfectly, but he readily "took cold." He was first seen by Dr. Bruen at the University Hospital in January, 1882, when he gave the following history: Abdomen began to swell two years ago with neither pain nor tenderness. Was obliged to rise at night to urinate. The abdominal swelling increased and the previously regular bowels became constipated. Occasional sharp, shooting pains were felt across the chest when lifting weights or working hard, and also slight dull pains over liver, lasting for a few moments only. When seen abdomen measured fifty inches. On 19th January he was tapped, nineteen quarts of fluid being removed, rendering plain a much enlarged liver covered with smooth nodular elevations, with the apex beat of the heart displaced upward into fourth interspace. March 18th, five gallons more fluid were removed, after which pleural and bronchial complications arose, which soon subsided. May 6th, paracentesis by capillary needle was resorted to, which was followed by much localized tenderness around the site of the puncture, and peritonitis developed, which terminated life the same evening. During life the diagnosis was most difficult and interesting. The enormous size of the liver, the palpable elevation of its surface giving a sensation like that of crepitating tissue, as though fluid lymph had been thrown out, and finally his abstemious habits, with absence of either syphilitic or malarial taints, suggested malignant disease. His age, the excessive rarity of primary carcinoma or sarcoma of the liver, with his family history, all negatived this view. He had had some dyspepsia. Enlargement of the liver connected with catarrh of the bile ducts, would have presented symptoms of jaundice and intermitting temperature, terminating by death from cholesteremia. The case, then, was one of simple cirrhosis.

Sectio Cadaveris.—The abdomen contained six gallons of purulent fluid. Both the parietal and visceral peritoneum were covered with a thick coating of inflammatory lymph, tinged with blood, from multiple capillary hemorrhages. The abdominal veins were

all replete with blood. The liver weighed nearly five and a half pounds, was of a nutmeg appearance on section, was indurated, and presented a nodular appearance. The gall-bladder was thickened and contracted about two thirds its bulk. The bile ducts were normal. The spleen was covered by a pseudo-cartilaginous capsule, but was otherwise normal, as were also the stomach, pancreas, intestines, kidneys, and supra-renal bodies. The abdominal lymphatic glands were slightly enlarged.

Dr. Seiler remarked that, having seen the case during life, it was almost impossible to divest oneself of the idea of malignant disease. He thought that the projections were the unaltered portions of the liver which had been compressed and squeezed out by the contracting interstitial tissue.

Dr. Bruen remarked upon the obscurity of the etiology.

Dr. Tyson asked Dr. Formad, who had examined the specimen microscopically, whether he considered it to be in the first or second stage of the affection.

Dr. Formad replied that he considered it to be in the commencing second stage, and detailed the microscopical appearances.

Dr. Tyson, after briefly adverting to the causation of cirrhosis, said that his reason for asking Dr. Formad whether he considered that the organ was in the first or second stage of cirrhosis was, that some few years since an important insurance case had been argued in our courts, where the defense was set up that the man had not a cirrhotic liver because it was enlarged. For his part, he had no doubt that a liver could be in the second stage of cirrhosis and yet be enlarged. There might be enlargement from fatty infiltration concurrent with interstitial inflammation.

C. B. NANCREDE, *Recorder.*

Selections.

Amputations at the Hip-joint in the West of England.—The fact that, during the last months, there have been three successful amputations at the hip-joint in the South Devon and East Cornwall Hospital, Plymouth, is deserving of more than a passing notice (*British Medical Journal*). It goes to confirm the growing opinion that this operation, hitherto so fatal as to preclude its performance save in the most desperate cases, may now be performed with far less risk to life. There still exists, of course, the shock which must of necessity follow the removal of so large a portion of the body as is included in a lower extremity. But, happily, that which added fatally to the shock—the severe hemorrhage—can now be effectually arrested by the use of Davy's lever. In the first case the amputation was performed on a boy of ten. The loss of blood did not exceed two ounces, and the boy has made an excellent recovery. The second was on a boy aged nineteen. The loss of blood, for some reason, was greater, but not sufficient to prevent perfect recovery. The third was on a girl of sixteen. The hemorrhage did not exceed an ounce. The patient has quite recovered from the immediate shock of the operation, and is now progressing favorably.

Evidently, for the future, amputation at the hip-joint is to take a new place in operative surgery, and will be adopted in many cases where measures short of it have long been felt to be ineffectual.

How to Make a Poultice.—The following paper, on a very important practical subject, is contributed to the October number of the Practitioner by its editor, Dr. T. Lauder Brunton:

At first sight the title of this paper may seem to many of our readers absurd, and the idea that medical men require any instruction in making a poultice preposterous, but we have been led to write it from seeing that many students and some practitioners do not distinguish between the proper methods of making a poultice for surgical and for medical use. Many, perhaps most, students spend a great part of their four years' curriculum in surgical study, and devote a comparatively small portion of it to medicine. This may partly be the reason why they do not learn the best ways of making poultices for the relief of internal pain; but another reason is that in hospitals poultices are made in certain ways for the sake of cleanliness and economy, and these ways are not always the best possible for private patients, although they may be the best under the conditions which obtain in hospitals. Every one knows the relief which a poultice affords when the finger is inflamed, and has noticed how the painful throbbing diminishes after its application. Most people have noticed also that dipping the finger in cold water has a similar action, and it seems strange to many that the opposite conditions of heat and cold should have a similar effect. The reason probably is that both heat and cold lessen the force of the impulse with which the blood is driven through the dilated arteries of the inflamed parts against the block which exists in the capillaries. Cold causes the afferent arteries to contract, and lessens the impact of the blood by diminishing the quantity sent to the inflamed part; a poultice lessens the impact by dilating the capillaries surrounding the seat of inflammation and affording a ready side outlet into the veins. In surgical cases we usually use the warmth and moisture of the poultice to act directly on the surface. We therefore make the poultice with crushed linseed or with linseed meal and oil, spread it on some tow and apply it to the skin without any thing intervening. But useful though this method may be for wounds, ulcers, and abscesses, it is not the best form of application in cases of inflammation of the thoracic or abdominal viscera, or where spasm is present without inflammation. In such cases we may, no doubt, do some good by applying the poultice to the surface exactly as in surgical diseases. We may draw off some of the blood to the surface; and we may also exercise a reflex action through the nerves upon the vessels of the inflamed organ below, but this will not be so great if we influence the surface only, as when we allow the heat to penetrate to the inflamed or irritated organs themselves. If we apply the poultice directly to the skin it must be allowed to become tolerably cool before the patient can bear it, and thus half its advantage is lost. In order to relieve spasm, as in colic—intestinal, biliary, or renal; to relieve inflammation of the pleura, the lungs, the liver, or other organs, we want to apply the poultice as hot as possible, while we protect the skin from being scalded.

In order to do this, a flannel bag should be prepared, a convenient size being twelve inches by eight; this should be closed at three edges and open at the fourth; one side of it should be about one inch or one inch and a half longer than the other, and it is convenient also to have four tapes attached at the points which form the corners when the bag is

closed, in order to keep the poultice in position. Besides this, another strip of flannel should be prepared of the same breadth as the length of the bag, and long enough to wrap round it once or oftener. Crushed linseed, bowl, and spoon should then be got together, and the spoon and bowl thoroughly heated by means of boiling water; the poultice should then be made with perfectly boiling water, and rather soft. As soon as it is ready, it should be poured into the bag, previously warmed by holding it before the fire; the flap which is formed by the longest side of the bag should now be turned down and fastened in its place by a few long stitches with a needle and thread, it should then be quickly wrapped in the strip of flannel (also previously warmed), and fastened *in situ*, if necessary, by means of the tapes. It may be covered outside with a sheet of cotton wool. In this way the poultice may be applied boiling hot to the skin without burning; the two layers of flannel which are at first dry allow the heat to pass very gradually indeed to the skin; as the moisture of the poultice soaks through them they become better conductors, and the heat passes more quickly, but the increase is so gradual as not to cause any painful sensations whatever, but only one of soothing comfort. The poultice also naturally keeps much longer hot, and the necessity for changing it arises much less frequently.

The difference between the effect of a poultice made in the ordinary way and in the manner just described is sometimes exceedingly striking. It is perhaps less marked in cases of inflammation than in those of spasm. We have seen a patient suffering from intense abdominal pain at once relieved by a poultice made in the way just described, although a succession of poultices made in the ordinary way had been utterly useless. This way of making poultices is one of the minutæ of medical practice, apparently extremely trivial, but really, we believe, very important. The relief which we have seen afforded by poultices made in this way, and the knowledge that *some* practitioners at least are ignorant of the method, must be our apology for drawing attention to such a trivial detail.

Treatment of Epilepsy by Borax.—Stewart Lockie, M.D., in British Medical Journal:

As the treatment of epilepsy by borax does not seem to be known to the profession generally, the following case may be of interest: A lad of about seventeen, on April 24, 1881, had been subject to epilepsy four years. At first the seizures occurred once a month. At this time they took place once a week. Sometimes, however, three or four attacks would occur in quick succession. The severity of the fits was great. No aura ushered in the attacks. Bromide of potassium was ordered, in fifteen, and soon after in twenty-grain doses, three times daily. Proving useless, borax, in fifteen-grain doses, three times daily, was substituted. From the time of the administration of the borax no major fit occurred, and a cure resulted in a month. No skin-eruption occurred during the administration of the borax. Vomiting occasionally took place if the medicine was taken before meals, and at one period he complained of sleeplessness.

A Case of Tape-worm Passed by the Mouth is reported in the British Medical Journal, October 21st, by Mr. F. Hitch, L.R.C.P.

Some Observations on the Newer Drugs.—

Dr. T. Kendall says, in the British Medical Journal:

It would no doubt be useful if some attempt were now made to classify the drugs which have lately come into use with the profession, and it may not be amiss, in the absence of such classification, to give the results of one's own observations on the properties of the later compounds.

The large use of iodoform leads one to speak with diffidence concerning any new use to which its great healing properties can be put, for fear one should mention as new that which has been for a long time well known. Iodoform, however, may be said to play a very useful part in the healing of external sores, and I have used it with good results in the treatment of bed-sores and chronic ulcers of the legs. In the latter I applied it mixed with vaseline and spread on common strapping. A mixture of iodoform, four grains to a dram of glycerin, can be used with good effect in cases of gonorrhea; and I am able to state that in three cases its effect was marvelous, the discharge ceasing three days after the use of the injection. French practitioners have recommended the internal use of iodoform, more especially in gastric ulcer. In one case which resisted other treatment the use of iodoform as a pill (iodoform gr. j, conf. roses ad. gr. iij) was followed by marked and permanent benefit. In other cases I have found it useful in alleviating the pain and greatly modifying the symptoms. Dissolved in collodion, I have applied it to enlarged cervical glands, and the results have been so encouraging that I do not hesitate to recommend it in such cases. It removes in a short time all the unsightliness of the swelling, and does, I believe, prevent suppuration.

Barium Iodide, being very poisonous, must be used with caution. It has been recommended by French practitioners as an application for strumous enlargement of lymphatic glands, but I have not myself found it of any use in such cases. I have used it mixed with vaseline in cases of chronic eczema with very marked effect. Two cases which were very troublesome and resisted all other agents yielded readily to the action of unguentum barii iodidi. In acute eczema its use is followed by much inflammation, and I believe that in these cases it does harm rather than good. In eczema rimosum it is extremely useful, as it acts readily on the leather-like integument and softens it very quickly.

Iodide of Lithia. For a long time the salts of lithia have been considered most useful in cases of gout, and I have found the iodide by far the most useful of them all. It is most efficacious in cases of actual gout, and may be used with benefit in other cases of a gouty nature. I have known small doses of the iodide to act with benefit in cases of gouty eczema, and in those cases of dyspepsia which may be due to a gouty diathesis the use of this salt acts as a charm.

Kava-Kava, well known to travelers as the intoxicating drink of the Fijians, has lately been introduced as a cure for urethritis and gonorrhea. From my own observations I find that its chief action is to reduce the acidity of the urine, and it may be given with benefit in cases where there is an uric acid diathesis. I have found it very useful in enlarged prostate, as it has a very beneficial action on the mucous membrane of the bladder, and prevents any uneasiness which may occur during the temporary retention of the urine.

Iodide of Quinine. I do not think one can claim for this compound any advantage over the old combination of quinine with potassium iodide, but it is certainly a more elegant preparation. I have given it with good results in cases of so-called tertiary syphilis, and also in the earlier stages of pleurisy.

Cosmoline and Petroleum in Diphtheria, Hooping-cough, and Measles.—Dr. Harvey L. Byrd, in the Medical News, says:

I have been using petroleum locally to the throat for some time past, while administering cosmoline internally, as a remedy in diphtheria. They are both remedies and prophylactics in this terrible scourge. I administer cosmoline alone in alternation with lac sulphuris, or in conjunction with it, in eight- to fifteen-grain doses of each, according to the age of the child, every two to four hours, while petroleum is applied to the throat externally. But while I regard it as the chief factor in producing relief in diphtheria, the gravity of the disease is such that I have refrained from relying upon its internal use to the exclusion of other remedial agents. I recommend the administration of cosmoline twice a day to the well children of a family, as soon as called to a case, with the result of protecting all those from the disease who have taken it. Its action has been highly satisfactory in hooping-cough and measles. Cosmoline will lessen the violence of the paroxysm in hooping-cough, and loosen, as well as lessen, the mucus promptly, and it mitigates the violence of the attack and shortens the general course of the disease.

A Case of General Miliary Tuberculosis, with Tubercle in the Choroid without Meningitis, was lately reported to the Ophthalmological Society of London by Dr. Francis Warner. The patient, a girl aged nine, came under observation suffering from fever and emaciation. There were crepitations over the lungs, but no signs of pneumonia; the frequency of the respirations was out of proportion to the pulse and temperature. There were no cerebral symptoms. In the fundus of each eye three or four light-colored, raised, cloudy spots were seen. At the autopsy the diagnosis of choroidal tubercle was confirmed; tubercles were found in the lungs, liver, spleen, and kidneys. There was no meningitis. He brought the case forward as an illustration of the association of tubercles in the choroid as a part of general miliary tuberculosis without meningitis.

Cirrhosis of the Liver in a Child.—Dr. H. Gibbes, in a report to the London Pathological Society, said that the child began to exhibit jaundice three days after birth. The jaundice persisted; the stools were very pale; ascites and wasting set in at about six months old. The liver weighed four ounces. There was no trace of the common duct, and the hepatic duct was occluded. There was a great increase of the intralobular cells, due apparently to enlargement and increase of the cells of the biliary ducts.

The Treatment of Rheumatic Fever Exclusively by Blistering.—Dr. Herbert Davies, of Dublin, speaking of this method, said in 1864: "The treatment has been absolutely and entirely local; the result, in rapid relief of pain, quick convalescence, and freedom from cardiac disease, highly satisfactory."

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

DR. C. R. AGNEW AND THE NEW YORK CODE.

In our impression of the 21st ultimo, we made some critical comments upon an article in the New York Medical Journal and Obstetrical Review, by Dr. C. R. Agnew, of New York, entitled, The Limits of Medical Ethics. These comments have elicited a communication from Dr. Agnew, which will be found in another column of this number of the NEWS. It should not only be the pleasure, but the effort of journalism to present both sides of every question to the reader. Hence, we most cheerfully give place to the communication.

It will be observed that Dr. Agnew alludes to "the *amended* code" as now being in operation in the State of New York. To the credit of the profession of that great State it should be known that the county societies, with very few exceptions, have refused to give countenance or co-operation to the movement. We imagine the thoughtful reader will find no little difficulty in following Dr. Agnew through the premises which seem to have led him to the conclusion that to protect the public from quackery the medical profession should take the quacks into fellowship, and thus publicly recognize them as physicians worthy of confidence and affiliation. We can conceive no proposition more absurd. And again, our metropolitan confrere, admitting that the code of ethics of the American Medical Association has, "in its day," been of great value as a safeguard to protect the public

from quackery, claims that now the population of the country has so increased that it has become ineffective. It must be remembered that the question under consideration is one of ethics, and it must be conceded that what is right in a country of two millions is equally right and just in a population of fifty millions. The great principles of ethics and morals are immutable, and are altered neither by longitude or latitude, nor by growth of a population in heterogeneous elements. Our correspondent's explanation of the motives of the New York State Medical Society which led to a departure from the Code of Ethics will scarcely satisfy the thoughtful reader of his letter.

Dr. Agnew's remarks on the relation of specialists to freedom in consultations are, to say the least, remarkable. He claims that as a class they have less business interest in the question than any other members of our profession. We yield to none in our appreciation of the great advances made in almost every department of medicine and surgery by specialism. Of late years the science of medicine has been enriched by the labors of specialists. That their business is made up in great part of consultations with their medical brethren is a matter of common remark and general observation. Who can so thoroughly appreciate their special skill and knowledge as the general practitioner? While patients visit them at their option, and consultations, strictly so called, do not invariably occur, yet it is the family physician who, as a rule, sends the patient to the specialist.

Our correspondent discusses the entire subject of medical ethics from a standpoint

of policy. The question, simply stated, is this: Can a consultation between a physician and an irregular practitioner benefit the patient? The irregular either follows an exclusive system of therapy or trades in a special designation. Such a consultation can only be a consultation in name and not in reality. Away with such shams! Let us be honest to ourselves and honest to our patients.

But a little more than a year ago two distinguished, able, and influential members of the British Medical Association, in their official capacities and by a suspicious coincidence, endeavored to impose a similar movement upon that great body of physicians and surgeons. They met with a humiliating defeat. The same movement, inaugurated in New York soon afterward, has met the same fate from the profession throughout this great country. We have too much faith in the honor and intelligence of the profession in America to believe that the affiliation with fraud and quackery, advocated so persistently by Dr. Agnew and his associates, will receive either reconsideration or indorsement.

SULPHUR VERSUS MALARIA.

This substance, the *Lancet* pertinently suggests, may be prophylactic to malaria, since there are strong reasons for believing that malaria poison consists of low organisms, and sulphur is destructive of organic life. "In Sicily deposits of sulphur and intermittent fevers are both common, but occur for the most part at different elevations. In some places the sulphur deposits are found at a low elevation in malarial plains. In these districts the laborers in the sulphur works enjoy an almost complete immunity from intermittent fever, not more than eight or nine per cent suffering; whereas of the inhabitants of neighboring villages not less than ninety per cent are attacked. In some travels in Greece, published by M. Fouqué, is an account of the ruins of a large city (Zephyria) situated in a marshy plain, in

which it is impossible to pass the night without being attacked by *ague*. Three hundred years ago, it is said, the city contained forty thousand inhabitants and thirty-eight churches. Paludal fevers gradually destroyed the population. Twenty years ago only two hundred inhabitants remained, languishing and ill. They refused to leave the place, and the last of them died during Fouqué's visit. It is certain that malaria can not have prevailed to the same extent during the period at which the town was in its rise and full development, and it is also noteworthy that the soil beneath the town contains abundant deposits of sulphur which were formerly worked in the vicinity; and the decadence of Zephyria dates from the discontinuance of these sulphur workings. Moreover, Fouqué has noted another instance of the same relation. The marshy plain of Catania is traversed by the Simeto, and is infected by fever. On the western border of this plain are some sulphur works, at which are a number of inhabitants who suffer little, although a village not far away is deserted. In Ethiopia certain elephant hunters expose their naked bodies daily to a fumigation of sulphur, in the belief that this will preserve them from malaria; and certainly they enjoy an almost complete immunity from the disease, although some of the districts are so unhealthy that not long ago a whole caravan perished."

Sulphate of iron probably stands at the head of deodorants, and its disinfectant properties are generally acknowledged. Sulphurous acid gas is equally destructive to bad smells and vermin, and of its disinfecting powers we are convinced.

In this connection it will be remembered that the bisulphites have been claimed to possess marked anti-malarial power, and some enthusiastic germ-maniacs have contended that the power of sulphate of quinia lies in its element of sulphur. Aromatic sulphuric acid has sometimes done good in intermittents, and we have gotten remarkable results in these troubles from sulphate of iron and alum. Quinia in the Confederate States

Army was always scarce, and often absent from our hospital stores, and hence many substitutes for it were tried. The writer found the following quite reliable, though certainly not palatable: Dried sulphate of iron, \mathfrak{z} i; powdered alum, \mathfrak{g} iv; make into twenty-one powders; one to be taken thrice daily. Many obstinate chronic cases were cured in a week, others in two weeks, and in others failure occurred. In dispensary practice, before and since the war, we have gotten similar results. In capsules the prescription might be rendered less unpleasant. The subject under consideration is one of vital importance to the whole world. Every where malaria is now being recognized as the most abundant, widespread, and polymorphous of the fever poisons. Regions of America and elsewhere in which malaria had not before existed, as it was claimed, have been ravaged by it during the past few years. For instance, in localities in Rhode Island and Connecticut this is the case. While it is probable that malaria has existed all the time to some extent, though maybe in masked and comparatively mild forms, yet the medical profession of Newport and of New Haven could scarcely have failed to recognize intermittent fever as a common disease among them, had it prevailed in the past to any thing like the extent it has of late years.

Scurvy, a terrible scourge of days gone by, since the introduction of the potato and the more extensive consumption of fruits and vegetables is almost unknown. Leprosy and the plague, both prevalent at one time in the better portions of Europe, are now even rarer than scurvy, thanks to drainage, more abundant and better food, and improved ventilation. Smallpox a century ago every one was liable to, and now its possible prevention is almost universal. But malaria, although both preventable and curable to a large extent, remains a potent and almost omnipresent pestilence.

In our advertising pages will be found the announcement of the New York Poly-

clinic, a new school for medical practitioners. Its corps of instructors includes a number of well-known writers and practitioners in special departments. The lectures are altogether clinical.

The proposed journal of the American Medical Association may now be regarded a certainty. A sufficient number of subscriptions are assured to justify the Board of Trustees in taking steps for the publication of the first number on July 1, 1883.

On the 14th instant no new cases and no deaths were reported at Pensacola from yellow fever. This is the only intermission which has occurred in the epidemic, which began on September 3d.

MISCELLANY.

SPACE ABOUT HOUSES.—During the past eleven years the death-rate in Ashton-under-Lyne has varied from twenty-three to thirty-one per thousand; only about *four fifths* of the infants born have completed *one year* (The Lancet), and only about *two thirds* of them *five years* of life. Diarrhea has been exceptionally fatal, and the large general mortality has been to a great extent the result of those zymotic diseases which are known to flourish and commit the greatest ravages in places where filth abounds. There are many conditions in Ashton which have contributed to this serious result, but one above all others is striking, and it is the more worthy of note because when once it has been allowed to come into operation it is all but impossible to get rid of it, except at a cost which must often be regarded as prohibitory. We refer to the overcrowding of houses on space. . . . No greater mistake than this can be made. A definite amount of open space should always be insisted on at the rear of each dwelling, however much additional area may be desired at the side; and the space at the back, which should be absolutely free from buildings, should, even in the smallest houses, never be less than one hundred and fifty square feet. The evils attendant upon a stagnant atmosphere about houses are not sufficiently

recognized, although there is already reason for believing that it is a principal factor in the production of much preventable disease and death; and when to stagnation there is added the further evil of pollution of atmosphere, the result is probably especially fatal to the infant population.

DELIGATION OF THE COMMON CAROTID.—Weljaminow, of St. Petersburg, has collected thirty-three cases (*Deutsche Med. Zeit.*), in which the common carotid was tied. The artery was ligatured four times for hemorrhage due to wounds, once for angioma, fifteen times for malignant tumor, for or during operations on the head eight times, four times for operations about the neck, and once for aneurism (Brasdor-Wardrop's method, *i.e.*, ligature on distal side of sac). The right artery was tied eighteen times, the left fourteen (*sic*); eighteen times in men, fifteen in women. The age of many of the patients (fourteen) was between fifty and sixty; in two cases, however, the age was seventy-two, and in one only twenty-one months. These last three patients got over the operation very well. The wound healed by first intention sixteen times. Erysipelas and secondary hemorrhage were each observed once only. To prevent the occurrence of cerebral disturbance the artery was systematically compressed some days before ligature. Eleven out of the thirty-three patients died soon after the deligation (33.3 per cent), but for statistical purposes only twenty-five (? twenty-three) are available, of which one died, giving a mortality of 4 per cent. The author has collected yet other twenty cases, all treated antiseptically, and all recovered. In conclusion, the writer dilates on the importance of a double ligature, between which the artery is divided.

LADY COMPANIONS FOR THE INSANE.—Dr. Rees Philipps, in his reports on the Wonford Lunatic Hospital for the Insane, at Exeter (The Medical Press), strongly advocates the appointment of educated ladies as companions to the inmates of the female departments of asylums for lunatics of the upper and middle classes. Every hour that he spends in the female wards of the hospital under his charge strengthens his conviction of the beneficial influence on lady patients of kindly companionship and the nursing of gentlewomen. A certain proportion of lady nurses has been introduced into that admirably-conducted registered hospital—Barnwood House—at Gloucester, and the medical

superintendent, Dr. Needham, is satisfied that he obtains more work from these lady-nurses, and at no increased cost, than from nurses drawn from the domestic servant class. If this opening for useful and meritorious work was more widely known than it is at present, many gentlewomen, of suitable position and temperament, would doubtless avail themselves of it. The emoluments offered are not large; but an honorable livelihood and interesting occupation are not without their attractions.

HIS MISFORTUNE, NOT HIS FAULT.—Fair play and no favor has been repeatedly stated to be all that is desired by the friends of the women physicians in their competition with the sterner sex; but this principle was hardly exemplified last week, when the committee in charge of Blockley Hospital dropped a gentleman of the medical staff, who had faithfully served and had long been identified with the institution, for the sole purpose of making room for the appointment of a doctress who desired his position. In order that the issue with the profession might be fairly joined, the board passed a series of resolutions to the gentleman (whose sex appears to have been his misfortune, though not his fault), assuring him in complimentary terms that he lost his position not from any neglect of duty, nor from personal objections, but solely for the reason stated. Without discussing the obvious complications arising from a mixed staff, we merely observe that it is such questionable victories as these that injure the cause of true reform, and usually yield but a temporary and doubtful advantage to those who immediately profit by them.—*Philadelphia Medical Times*.

GRAFTING SKIN FROM A RABBIT.—Dr. Lamallerée, of Paris, has recently successfully employed grafts from the skin of the rabbit to excite cicatrization in a varicose ulcer of the leg, which had resisted all treatment for six years. Bits of skin from the belly (previously shaved) of a rabbit were grafted, and in eight days the pieces had taken root. In eight days more an island of new skin was to be seen, ten centimeters long and seven wide, in the center of the sore. The healing was complete, and the newly formed skin evinced no evidence of its origin.

In storms of controversy there is nothing to be found but the billow that moves to mischief and the foam that disappears.—*Paget*.

PRESERVATION OF DEAD BODIES FOR IDENTIFICATION IN FRANCE.—Every corpse that is taken to the Morgue is now quickly converted into a block almost as hard as stone. This result is obtained by Carré's chemical refrigerator, which is capable of reducing the temperature of the gruesome "conservatory," where each body is laid out on something closely resembling a camp bedstead in stone, to 15° below zero, centigrade. At the back of this *salle* is a row of stove-like compartments in which the corpses are boxed up and frozen hard before being exposed to public view. As an illustration of the intense cold thus artificially secured, a Paris journalist, in describing a recent visit to the Morgue, says that in opening one of the compartments the attendant took the precaution to wear a glove, lest "his hand should be burnt by contact with the cold iron." The corpse, which was taken out of its receptacle, had been there nine hours. During the experiments which preceded the adoption of the new system, corpses in this frozen state were actually thrown about; but although they made *un fracas terrible*, they were "not in the least damaged."—*Medical Times and Gazette*.

TUMORS OF THE FOURTH VENTRICLE.—M. M. Spillman and Schmitt, professors of clinical medicine at the Faculty of Nancy, publish in the *Archives Générales de Médecine* (Brit. Med. Journal), a paper founded on one hitherto unreported case, and on thirty cases already published. Tumors of the fourth ventricle vary extremely in symptoms; diabetes mellitus or insipidus is the only symptom which appears to be directly in relation with the ventricular lesion. Diagnosis is impossible unless there be, besides diabetes, the usual manifestations of a cerebral tumor combined with symptoms of disease of the medulla or pons Varolii such as internal strabismus, dysphagia, deafness, and paroxysmal paralysis; and frequent vomiting, without cerebellar symptoms, must be present.

THE recent fireworks accident in Fairmount Park, by which nearly a score of persons were killed and wounded by the premature explosion of fireworks, has caused the Mayor of Philadelphia to declare that no such exhibitions shall be allowed hereafter.

THE health of Paris is at present exceptionally bad; typhoid fever being fatally prevalent.

ORANGE WINE.—A writer in the Semi-tropic California describes his experience in making orange wines from the wild orange of Florida, and sold when only eight months old for \$3.00 per gallon. The oranges must be perfectly ripe. Peel, cut in halves crosswise, and squeeze. The press must be so close that the seeds can not pass into the must. Add two pounds of white sugar to each gallon of juice. Close fermentation is necessary. The wine is amber-colored and tastes like dry hock with the orange aroma. Vinegar can be made from the refuse, and extract from the peels.

DR. W. ST. GEORGE DAVIES died at Brighton a few days since. Nearly eighty years ago he was attached to the Royal Navy, and was engaged as surgeon on board ship in nearly all the historical battles of that period. He had reached the patriarchal age of ninety-six.—*The Med. Press and Cir.*

DR. C. C. GRAHAM, of our city, celebrated his ninety-ninth birthday some weeks ago. He long since retired from practice, being (a rare thing among American doctors) a gentleman of wealth. His youngest son, aged seventeen, is now studying medicine at the University of Louisville. Dr. Graham is in a comfortable state of preservation. His eyesight is good and his teeth show no injury either from attrition or decay, and he is a vigorous walker. He is quite deaf, but he does not attribute this to age.

TYPHOID FEVER—A DISCOVERY.—Dr. H. Baker presented to the Michigan State Board of Health two diagrams showing for the years 1877–1880 the relations of deaths from that disease to population, from which it appears that the common opinion among physicians, that this disease prevails mostly between the ages of eighteen and thirty-five, and that there is little danger after forty, is not sustained by facts. A greater proportion have typhoid fever at the ages between *sixty* and *eighty* than at any other age in life.

A HIGHER DEVELOPMENT.—The New York Medical Journal and Obstetrical Review, its editor Dr. Frank P. Foster, announces that it will, from the first Saturday in January, 1883, be published weekly instead of monthly. So must all the monthlies do eventually.

A CASE of recovery after a broken neck is reported by C. Jordison, M. R. C. S., in the Lancet.

ARSENIC used internally is believed by the natives of India to have power to turn the hair black. Surgeon Deakin, of Allahabad, in the *Lancet*, October 21st, describing a severe skin disease which terminated in cure under arsenic, he says: His beard, which had fallen out, has grown again thick and long, and is quite black, as is also the hair on his chest, which has grown again luxuriantly. Before his illness the hair was nearly white. The hair on his head and in his mustache is now abundant, and of a dark gray color.

RACE IMPROVEMENT.—Comparing the statistics of factory children in 1833 with those of 1873 in England, it is found that children of ten years of age now are as tall of stature and as heavy as children of eleven years of age were forty years ago.—*The American Medical Weekly*.

HEADS.—According to Mr. Tuckett, Lord Chelmsford wears a $6\frac{1}{2}$ hat only, and the sizes of prominent people he gives as follows: The late Dean Stanley, $6\frac{3}{4}$; Lord Beaconsfield, 7; the Prince of Wales, 7; Charles Dickens, $7\frac{1}{8}$; Lord Selbourne, $7\frac{1}{8}$; John Bright, $7\frac{1}{8}$; Lord Russell, $7\frac{1}{4}$; Macaulay the historian, $7\frac{3}{8}$; Mr. Gladstone, $7\frac{3}{8}$; Thackeray, $7\frac{5}{8}$; Louis Philippe, $7\frac{3}{4}$; M. Julien, the celebrated musical conductor, $7\frac{3}{4}$; and the Archbishop of York, 8.—*Ibid*.

RECTIFYING an error in business is a duty incumbent upon all, editors included. When the *Weekly* was commenced it was believed that it could be issued for \$2.00 a year, but this was an error, and it must be rectified at once. The subscription price hereafter will therefore be \$3.00. All who have paid \$2.00 will receive 52 numbers, but new subscriptions and all renewals will be at the rate of \$3.00 annually. The occasion is embraced for thanking all of the subscribers for their support and for asking a continuance of it.—*The American Medical Weekly*.

FEMALE OBSTETRICIANS AT THE PHILADELPHIA HOSPITAL.—At the recent election of visiting physicians at the Philadelphia Hospital, Blockley, two female physicians were appointed by the Board of Guardians on the Obstetric Staff of the Hospital.—*Medical News*.

"HE lies like a tombstone, and is as impudent as a newspaper," is a German proverb.

IODOFORMOMANIA.—We are delighted to copy the following from the *Medical Times and Gazette*. We saw this substance fairly tried in the wards of the St. Louis Hospital in Paris in 1867, and saw it prove useless in chancres and other sores, and not only not a local anesthetic, but an irritant in ulcers, hemorrhoids, etc. Its chief power is its odor, though it is no feeble poison. It is the very Samson of bad smells, though not much worse, possibly, than bisulphide of carbon, and not so indecent an odor as valerian it is more persistent than any thing. Certainly if bacteria possessed sensitive olfactory organs they would flee from it; but, low-lived things, they seem not to mind it. Iodoform is worthy to furnish the front name for the mental aberration referred to.

Under this title the *Presse Médicale Belge* has an amusing article declaring that, although undescribed by alienists, a disease exists which has committed great ravages, and especially in Germany. It may bear various names and appear in various forms, but at bottom it is always the same thing—a mania for a new medicine, leading to the unreflecting employment in all kinds of diseases, and for the fulfillment of the most opposite indications, of any remedy that has been recently discovered or has been revived into vogue. We saw a few years ago what happened with pilocarpin, which was so enthusiastically prescribed for every malady, and was expected to cure every thing, even hydrophobia itself. Now it is iodoform which is taking the round of pathology. We have only to glance at the German journals to see what is expected from it by our learned neighbors. Not content with employing it for wounds in every stage of their progress, for syphilis, and for diseases of the eyes and ears, it is used internally for diphtheria, ulcer of the stomach, diabetes, and tuberculosis; while, as with many it has acquired the reputation of destroying microbes, in the present rage for parasitic theories of disease it bids fair to successively invade the whole province of therapeutics. In the meantime thirteen deaths are known to have occurred by its agency, and these are not the only ones. Some one has said, "Use a remedy while its curative power remains;" but for iodoform it will be more prudent to delay joining in this mad employment of it until it has ceased to kill.

A HAPPY THOUGHT.—A Chicago doctor recently delivered a woman of a baby while the mother was on her way from Boston to St. Louis. In the form for return of births of the board of vital statistics of Illinois the physician is required to state the father of the child. This being impossible for either mother or accoucher to state, the latter filled the blank with *E pluribus unum*.

COTTON-SEED oil for cooking, and glucose for preserving, are likely to come into general domestic use, both being toothsome and wholesome.

Original.

THREE RECTAL CASES.

BY JOSEPH M. MATHEWS, M.D.

Professor of Surgical Pathology and Diseases of the Rectum, in the Kentucky School of Medicine; Visiting Surgeon to the Louisville City Hospital, etc.

The writer desires to "tell his experience" in the management of a few cases in special practice which have lately fallen under observation and treatment. Unique they may not be, but I am sure they will prove interesting to those who may have had similar experience.

CASE I. A young man, about twenty years of age, plumber by trade, came to my office several weeks ago complaining of loss of blood from the rectum. He stated that at every stool he would pass from two to six ounces of pure, bright blood. No admixture with any thing. No other symptom. Had a good appetite, slept well, no aches or pains. Had no fever, but complained of feeling *weak*. In general appearance he was anemic. Gave no history of piles or other rectal trouble. The introduction of the finger elicited no pain, and the first examination with the speculum (Sims) failed to reveal any unnatural condition of the rectum. Acting upon general principles, I ordered him to introduce into the bowel each night a suppository of sub-sulphate of iron, and to take internally the muriated tincture in decided doses. He reported to me at the end of three or four days, unimproved. To be prudent, I examined him again with the speculum, this time using Cook's anal speculum. By this means at least three inches of the gut was exposed in its entire circumference. Situated laterally, a little to the right, about one inch and a half above the internal sphincter muscle, I detected what appeared to be an *abrasion* of the mucous membrane, a spot no larger apparently than the head of a common-sized pea. From this spot blood was escaping. I took a glass rod, dipped it in pure carbolic acid, and applied it to the part, taking in some of the surrounding membrane. All treatment other than this was suspended, and the patient was ordered to report the next day. He did so, and stated that all hemorrhage had ceased. He was kept under observation for several weeks, but there was no return of the trouble.

CASE II. I was sent for to go to an interior town in Kentucky to see a young lady patient. Upon my arrival I found that the

two attending physicians were not agreed in diagnosis of the case, one contending that the patient had typhoid fever, the other that it was purely a local trouble confined to the rectum. Under these circumstances, which were any thing but pleasant to me, both consented that I should be sent for. I preferred not to hear a history of the case before an examination of the rectum was made other than that the patient had been confined to bed for three weeks, and chief among her symptoms was loss of blood from the rectum. Like Case I, this patient gave no history or symptom of rectal trouble save the one named. Upon the introduction of the speculum (under chloroform) two surfaces, one on each side of the gut, measuring about one inch in diameter, were discovered, from which the mucous membrane was denuded, and a smaller space bearing upon the perineum, from which the epithelium was peeled. The pressure caused by the distension of the bowel produced an oozing of blood from these surfaces sufficient, I am sure, to account for the loss of blood complained of. I scarified the surfaces freely and applied pure carbolic acid, directing that another application should be made the following day. The hemorrhage ceased after the first application, and the anemic condition was soon dissipated by the administration of iron, quinine, malt, wine, etc. The local trouble was watched until entirely healed. The history of the patient, learned after the operation, was about this: She had complained of pain over the region of the abdomen for several weeks; was listless, and not disposed to pursue her studies; the bowels would move three to eight times daily, and contained blood, though the exact amount could not be determined. Physician No. 1 seeing her at this time ordered her to bed, and pronounced the case typhoid fever. Although astringents and opiates were given, the discharge of blood continued, when physician No. 2 was called, and located the disease, as stated, in the rectum. I was unable to get a register of the pulse and temperature, as none had been kept, but it is safe to say that they had not been much away from normal during the attack for the reason that I saw her at the end of the third week, and with the exception that the pulse was accelerated by motion or excitement, both were natural.

CASE III occurred in the practice of my friend Dr. H. H. Grant, of this city. The patient, a married man, about thirty years

of age, complained to the doctor of passing blood from the rectum, his bowels acting as often as eight or ten times in the twenty-four hours, but accompanied with no pain. The doctor at first prescribed the usual remedies under such circumstances, telling the man to return home and assume the recumbent posture, and that he would see him the following day. Upon his visit and after an examination of the case he suspected that the trouble was purely local, although the patient insisted that he had *flux*. On the third day I saw the case with Dr. G., and the introduction of the speculum revealed a *raw* surface dorsally situated, very much in appearance like Case II. This was freely coated with pure carbolic acid. All discharge of blood ceased after this, and the patient was allowed to get up the next day.

It will be observed that I used the pure carbolic acid as the application in each of these cases. It is certainly to be given the preference over all other remedies where it is necessary to apply to the mucous membrane of the bowel. It causes but little if any pain, does not cause a slough and is free of producing any dangerous condition.

Remarks. Case I reveals the fact that serious trouble may arise in the rectum from a very slight cause, and may just as easily be overlooked. An arteriole was evidently ruptured in this case, perhaps from a very simple cause, as the passage of hard feces, straining at stool, or heavy lifting. True, it might have ceased without interference, but the loss of blood might have been sufficient to endanger life.

Case II illustrates how an error may occur in such a case when a careful analysis of the same is not made. How this case or one similar to it could be pronounced typhoid fever if a careful register of the pulse and temperature is kept, together with a history of the case, I can not imagine, but that it has been done in more instances than one I am sure.

Case III evinces the fact that a discharge from the rectum *per se* may be mistaken for dysentery. Fortunately in this case the attending physician was a careful diagnostician, and did not yield to the patient's idea of the case. Several years ago I reported a case falling under the observation of an eminent physician here that had been diagnosed by several practitioners as dysentery which was in reality hemorrhage from a capillary pile. The delay in a proper diagnosis came near costing the patient his life.

LOUISVILLE.

Correspondence.

DR. AGNEW ON THE NEW CODE.

Editors Louisville Medical News:

I know that you will be glad to do justice to the Medical Society of the State of New York in considering its amended code adopted at the meeting in February, 1882, and now in operation throughout the State. The two clauses in that code, which have called forth adverse criticism by you and other influential journalists, are as follows: "Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

The assertion that the new code was the work of a "knot of specialists" is groundless. For many years the conviction was growing in the minds of many of the most thoughtful and observant members of the society that the profession, as well as the public, got no real advantage from the old proscriptive code, but ignorant practitioners and quacks did. Helped in their privacy by a cry of persecution, they continued to gain, year after year, a stronger hold upon the sympathy and patronage of the vast mass of the ignorant. The conviction among thoughtful men had become rooted that if the advocates of rational medicine were to hold their ground or make any progress against quackery and medical incompetency, it would only be by leading legislators to enact registry and other laws which would compel all classes of practitioners to show their titles to practice, and to qualify under the laws. Hence the emphasis given in the first clause of the new code to the phrase "legally qualified practitioners." It enrolled all who had complied with the prescribed conditions in one body against outlaws. Of course we knew that that step was only the initial one, and that there were many desirable things still to be done; that legislation would be very insufficient at first, but that the public must be taught to protect itself and to perfect legislative measures to that end.

This awakening by the people all over the country was manifest. In nearly twenty States and territories laws more or less effective in mitigating the evils of quackery

had been recently passed. Much had been done, it is true, in earlier days by our profession to protect the public, and the old code had in its day been of great value as one of the few safeguards. But when the population of the country began to grow with marvelous rapidity, and heterogeneous social elements to pour in upon every community, the medical profession with its prescriptive code could do very little that was effective to oppose the tide of charlatanry and medical incompetency. It could do much in its medical schools to advance the standard of education, and thus supply more and better physicians; but the agency of the State came to be more essential in mitigating the evils of quackery and medical incompetency, and in providing and enforcing sanitary laws.

I have thus, in a few words, hinted at what I believe to be the ruling motives which influenced our State Society to act. And furthermore, many of its members believed that the tone of the profession would be vastly improved if liberty of conscience and judgment were fully accorded to the members of the only one of the three learned professions still not fully in possession of it. And this idea was very influential in forming the new code and in its adoption by the society.

A single word about the relation of specialists to "free consultations." As a professional class they have less business interest in the question than any other members of our profession. Patients visit them at their own option, or upon the suggestion of a medical man, to get the opinion of an expert. Consultations, strictly so called, with medical men seldom occur. The specialist's function is to form and express an authoritative opinion, or to do a particular operation, as the case may be. The idea that a "knot of specialists" or any one specialist has a selfish interest in sweeping away restrictive codes springs from a mistake as to the relations of specialists to the medical profession and to the public, and a false estimate of their character and power. No class of medical men has done more for the true elevation of the profession than specialists, and no class has lived in stricter obedience to the laws of medical etiquette; and this too in the face of the fact that they are constantly called upon to conceal with the mantle of charity the ignorance of their professional brethren, not unmindful, let us hope, that they may, in turn, need the same covering.

You may ask what do we expect will fol-

low practice under our new code? Less acrimonious criticism of legally qualified doctors; more careful study of those things which will raise the standard of medical education and character; more activity in those fields of State and national politics which include the great sanitary interests of the people; more vigilance in pursuing medical outlaws; more diffusion of light to educate the people, to lessen irrational credulity, and to reveal the tricks of incompetent or dishonest medical practitioners. It will force us, as a profession, to combine with legislators to protect the people, and become a greater factor in social and sanitary questions.

I leave many points not discussed, as I fear I may have already taken too much of your valuable time. C. R. AGNEW.

NEW YORK CITY, Nov. 7, 1882.

HOMEOPATHY IN STORY.

Editors Louisville Medical News:

Multiform are the devices resorted to by our homeopathic brethren to attain notoriety. Whatever else they fail to study, it must be admitted that they are diligent students of the weak points in human nature. They subsidize the press (at so many cents per line); they enlist the good will of Lady Bountifuls by providing them with a pocket-case and book of directions; and now they try a new field—the novel. Mr. Howells and Miss Phelps have entered the lists in defense of the "new schools," and it is a curious coincidence, to say the least, that each has selected a lady physician as the representative of this form of quackery.

I have nothing to say about "Dr. Breen's Practice," or "Dr. Zay," as literary productions, except this, that stories written with a purpose are always failures—necessarily so. A temperance tale never helps the cause it advocates, and the too obvious animus spoils the story. Religious novels are notoriously dreary reading; and this experience of these two talented writers (for they have both written really good stories) proves that a partisan medical novel is no exception to the general rule.

What we are most interested in is the circumstance that two able writers have nothing better to bring forward than the antiquated twaddle which has done duty so long that it must be hard work even to vamp it. Only on the principle that a falsehood well stuck to may finally come to

be credited can we account for the persistence with which homeopathsists assume that non-recognition of their claims is "monstrous, atrocious, inhuman," and "wretched bigotry." Big words, Mr. Howells. Possibly too big to pass muster.

Amateur advocates forget that this is not a question of opinion at all, but one of practice. If homeopathy is right, we must be wrong; and the only question for a conscientious physician to decide, when asked to consult with a disciple of Hahnemann is, Will such consultation be of any benefit to the patient? It may, indeed, prove a pecuniary benefit to the irregular practitioner to be recognized as a genuine physician, under cover of which recognition he may deceive a larger number; but we can scarcely be expected to lend our aid in such a scheme, and according to the "new" school such a consultation could not help the patient. We are fundamentally wrong; we have no "system;" our drugs are poisons; our very surgery, on which we pride ourselves, an admission of failure.

In order to understand this question of bigotry it is necessary to perceive that homeopathsists constitute a sect the practitioners of which may fairly be divided into two classes, a small body of enthusiastic, weak-minded devotees who really believe in it, and a much larger section who join the sect for the sake of the spoils, and really have as little faith in infinitesimals as we have. I grant the difficulty of conceiving how any man or woman outside a lunatic asylum can honestly believe in homeopathy; but when we examine other sectarian absurdities the difficulty lessens. Like the poor Irish woman who, after listening to a learned argument against transubstantiation in which her opponent proved that the thing was impossible, replied, "I believe it all the more, sir, because it is impossible." A system founded on fancy or fanaticism owns no allegiance to reason, and does not even profess to be bound by its rules.

Now comes the question, Is it "wretched bigotry" to refuse to consult with a genuine sectarian enthusiast? Of course, the patient's friends have a right to employ whom they please. If they believe in mumbo-jumboism, and are willing to run the risks, that is their lookout. But what right have they, on the plea of "wretched bigotry," or any other plea, to drag me in as a participant and encourager of this medical suicide? None whatever, and the adherents of homeopathy may howl till doomsday without

convincing me that it is my professional duty to do so.

As for the other, and, I fear, much larger class who do not believe in the thing at all, except as a convenient method of acquiring an easy livelihood, it surely does not require a lengthy argument to show that there can be no bigotry in refusing to consult with *them*. Medical Bedouins have no rights which a physician is bound to respect, except the right of being excluded from good society. We object to being made their shoe-horn.

Of the two novels "Dr. Breen's Practice" is freer from manifest absurdities than the other. Mr. Howells, however, does not seem to know that a laryngoscope is not an instrument in "habitual use" by country practitioners—seldom, indeed, owned by one of that class. Perhaps he meant a stethoscope. As for "Dr. Zay," it fairly bristles with errors and improbabilities. It will be news to most of us that aphasia means "loss of hearing!" When we inquire for the distinguished surgeons in the homeopathic ranks, echo answers, Where? The number of surgical tyros even must be small for various reasons, and on neither continent do their ranks include a single surgeon of eminence. Surgery is not a fruitful field for quacks. The sinister result often crops out a little too plainly for bunglers. Better stick to globules; for from nothing comes nothing, not even blame or the chance of an action for malpractice. Infinitesimals only need faith and cheek, but surgery needs skill—tangible skill, which the veriest dolt can appreciate. It will take something more than two love-stories to convince the public that homeopathic practitioners are competent surgeons. W. S. B.

STONEHAM, MASS.

RECENT MORTALITY IN YELLOW FEVER.—In a recent communication to the editors of this journal, Dr. F. Peyre Porcher, of Charleston, S. C., well known to the profession as an accomplished writer and clinician, says: "I do not see why the mass of the profession should persist in regarding yellow fever as a necessarily fatal disease, since the records of the present epidemic in Pensacola show comparatively few deaths in proportion to the number of cases. Properly treated from the very inception of the disease, I have long considered it a curable malady, in the sense in which that term is commonly applied."

Books and Pamphlets.

A STUDY OF SOME OF THE PHENOMENA OF MIND; the Annual Address before the Medical Association of the State of Alabama. By Peter Bryce, M.D., Superintendent Alabama Insane Hospital at Tuscaloosa. Extracted from the New Orleans Medical and Surgical Journal.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By Robert Farquharson, M.D., Edin., etc., enlarged and adapted to the U. S. Pharmacopœa by Frank Woodbury, M.D. Philadelphia: Henry C. Lea's Sons & Co. 1882.

SPEECH AND ITS DEFECTS. By Samuel O. L. Potter, M.A., M.D., being the Lea Prize Essay of the Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co. 1882. For sale by John P. Morton & Co., Louisville.

THE OLEATES AND OLEO-PALMITATES IN SKIN DISEASES. By John V. Shoemaker, M.D. Advance sheets of the Transactions of the American Medical Association for 1882.

THE THERAPEUTIC ACTION OF POTASSIUM CHLORATE. By John V. Shoemaker, M.D. Advance sheets of the Transactions of the American Medical Association for 1882.

THE TREATMENT OF SYPHILIS WITH SUBCUTANEOUS SUBLIMATE INJECTIONS. By John V. Shoemaker, M.D., Philadelphia. 1882.

SOME POINTS ON THE ADMINISTRATION OF ANESTHETICS. By George H. Rohé, M.D., of Baltimore.

Selections.

Antiseptics in Phthisis.—Dr. William Porter, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes:

Proven, it seems to me, are these two propositions,
(1) Phthisis is a specific disease from a specific cause.
(2) Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air-passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression. Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus production and absorption, but also in the earlier process of infection.

One great demand is for that which, by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating, and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste. Carbolic acid and iodoform do not fully meet these requirements, and less harmful, yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has for nearly two years served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air-passages it is

pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient. It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic*.

A Year's Record of Nerve Stretching.—Dr. Bastian, of University College Hospital, reports two cases of locomotor ataxia (Alienist and Neurologist). The operation was done by Mr. Marshall, who cut down on the sciatic at the middle of the thigh, and hooking his finger under it, thoroughly stretched it. In the first case, operated on February 5, 1881, the result was improvement in the sensation and motion of the limb, which was accompanied by considerable elevation of temperature in the part. In the second the improvement was very slight, and the rise of temperature small.

Brown-Sequard first called attention to this increase of temperature, which is explained by the partial vaso-motor paralysis. The improvement of nutrition caused by the increased vascularity of the part probably explains the benefit to motion and sensation which often follows the operation.

Dr. G. M. Hammond reports a case of athetosis relieved by nerve stretching, in Transactions of American Neurological Association, 1881. The median nerve was slightly stretched near the middle of the arm. On coming from under the anesthetic the patient could hold his fingers in any position he wished, and has had no return of the disease since. The patient had been suffering from pain in the foot and epileptic attacks. The first was entirely relieved and the latter much lessened.

Dr. Julius Althaus, in British Medical Journal of January 7, 1881, cites five fatal cases of nerve stretching in tabes dorsalis. He thinks that the cause of death in most of these was shock to the medulla oblongata caused by undue violence.

Mr. R. M. Simon, in British Medical Journal of February 23d, has done this operation in a case of infantile spinal paralysis. The nutrition and motion of the limb were both much improved.

Mr. F. A. Southam, in Lancet of August 27, 1881, reports two cases of clonic spasms of the sterno-mastoid and trapezius muscles, in which the spinal accessory nerve was stretched. In both cases there was slight temporary relief.

Dr. W. J. Morton, in Medical Record of March 4, 1882, has (1) Stretched both sciatics in a case of lateral sclerosis with marked relief. (2) A case of paralysis agitans, the left sciatic stretched with slight improvement. (3) A case of athetosis, ulnar and median nerve stretched with great improvement, only slight numbness of hand and occasional twitching of the thumb remaining. (4) A case of chronic transverse sclerosis, both sciatics stretched; temporary, but no permanent benefit. (5) Sciatic neuralgia cured by stretching the nerve. (6) Reflex epilepsy. Touching the right side of wound caused an attack; the brachial plexus was stretched and the number of seizures diminished.

Thiersch is reported by Dr. G. S. Walton, in Boston Medical and Surgical Journal, to have stretched both sciatics in a case of spastic spinal paralysis, one of spinal paraplegia, and two of tabes dorsalis, all without benefit, even the shooting pains in the last remaining as before. M. Berger, *Le Prog. Med.*, No. 11, 1882, has had great success in a case of paralysis agitans from stretching the sciatics.

Fieber, *Allg. Wien Med. Zeitung*, 1881, No. 50, describes a new method of stretching the sciatic.

The ankle is superflexed, the knee extended, and the thigh is then forcibly flexed on the abdomen. By this method the benefits of the operation can be obtained without many of its dangers, and it can be repeated when necessary.

Dr. J. W. Chambers has done subcutaneous nerve stretching in three cases of sciatica with marked success. Dr. G. H. Branham, in *Medical Chronicle*.

Hereditary Alcoholic Insanity.—Dr. Lewis D. Mason's analysis of six hundred cases of alcoholic inebriety reveals the history of immediate or ancestral inebriety in two hundred and nine cases.—*Ibid*.

The Origin and Natural History of Tuberculosis.—Dr. Satterthwaite, of New York, in the *Medical Times*:

1. Tuberculosis is a disease that fairly deserves the name hereditary, for it attaches itself to certain families throughout many successive generations. It is most apt to attack those members who are deficient in physical vigor from whatever cause.

2. The most distinguishing characteristic of tubercle is the occurrence in the tissues of minute, bright, glistening, translucent particles, that have been called military tubercles, granula, granulations, etc.

3. They are the result of an inflammatory process, because they can be produced by the introduction of mechanical irritants into the system.

4. When these minute bodies coalesce to form larger bodies and undergo a change of color, they are known as crude or yellow tubercles.

5. Some of them contain the reticulated tissue that has been called adenoid, because it resembles the retiform tissue of lymphatic glands. As the military tubercle advances in age, one or more large multinuclear foci may be found either at the center or periphery of the nodule. Sometimes Scheuppel epithelioid corpuscles are found, sometimes lymphoid elements, and sometimes fibrous tissue; but no one of these tissue-elements, which belong to the connective-tissue series, is pathognomonic of tubercle.

6. The lungs and serous membranes are most frequently attacked, and it is here that the natural history of tubercle is studied to the best advantage. In other regions of the body there may be modifications of the tubercle, so that its distinctive character is difficult to demonstrate.

7. In the gradual development of these bodies they undergo caseous change at the center, which phenomenon is another marked feature of tubercle. Still, in some instances, we have reason to suppose that the military tubercle may become organized, and thus a cure result.

8. Tubercles are rarely found without more or less contiguous inflammation, which, within the lungs, may be classed as a pneumonia. It is the infiltrated tubercle of Laennec, the catarrhal pneumonia of Niemeyer, or the desquamative pneumonia of Buhl. It may perhaps be protective in some instances, serving to wall off a caseous process, thus preventing it from becoming disseminated, or it may eventually itself participate in the same process, and lead finally to necrosis of the lungs and the production of cavities.

9. Tubercles may be confined to a limited area and a single lobe of the lung, or a single lung, or they may be diffused pretty equally in different organs. Generalized, disseminated, or secondary tuberculosis is the most dangerous and malignant, and is probably due to transmission of the disease by the lymphatics

or blood-vessels, usually the latter. In this secondary form the first manifestations are the gray granulations, as they are also in the primary form.

10. Tuberculosis is inoculable, producing its kind if it produces any thing, but other substances will also, in a certain number of cases, produce the same apparent lesions; in fact, not only any organic substance that is capable of physical deterioration, but also a variety of non-organic substances.

11. There is some good evidence favoring the theory that consumption is contagious—*i. e.*, that it is capable of propagation by cohabitation, or, in other words, close association with persons who have the disease.

12. The morphological differences between the form of phthisis of the domestic animals and that of the human being are such as to put us on our guard against forming hasty conclusions from a comparison between them.

13. It does not appear that we have good grounds for believing that the meat or milk of phthisical cattle when taken as food has ever produced a single instance of tuberculosis in the human being.

14. But we should none the less discountenance the sale of such meat or milk, since, even if they are not infectious, they are deficient in proper nutritive elements, and for this reason alone should be debarred from sale.

15. And so in the case of bovine virus, though it does not appear that any person has been rendered tuberculous, yet no vaccine virus should be held to be suitable for vaccination purposes unless proper assurances are given that the animals yielding the vaccine were in every respect free from tubercle, as determined by inspection after slaughtering.

Iodoform Insanity.—Schede has noticed that the use of iodoform has been attended with marked psychical symptoms (*Chicago Medical Journal and Examiner*). One type which is very noticeable among children is marked by dullness of the special senses, vomiting, and spasms of single groups of muscles. In adults Schede has on two occasions seen great mental confusion, loss of personal identity, loud singing, and violence. He has had under observation cases of melancholia attonita, also two cases of melancholia with frenzy, and three cases of simple melancholia; all arising from the use of iodoform.

Treatment of Diabetes with Bromide of Potassium.—M. Bergeron (*Journal de Médecine de Paris*) announces that he has just seen the sugar entirely disappear from the urine of a diabetic patient under fifteen days' treatment, four grams of the bromide being taken each day.

Caffeine in Cardiac Affections.—Dr. Heuchard maintains that caffeine must be given in large doses, if the desired effects are to be procured. Beginning with four to eight grains, he rapidly increases the dose to ten, to sixteen, even up to thirty grains, three or four times a day to maintain a constant effect.—*Med. News*.

Syphilitic Polyuria.—Professor Semmola, of Naples, lately described this symptom in the *Revista de Ciencias Medicas* of Barcelona.

Salicylate of soda, in ten-grain doses, is said to be a most reliable remedy in nervous headache.



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LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

MALARIA IN SKIN DISEASES—A CORRECTION.

Some time since the following paragraph appeared in the Michigan Medical News, and has been widely copied in the medical journals of the country:

A century ago John Hunter divided all skin diseases into three classes, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria; ergo, quinine is the remedy for all skin eruptions. Q. E. D.

I trust that my confrères of the press will do me the kindness and the justice to publish the correction now given, as the matter is not only one of personal interest to the writer, but is of scientific interest to the profession. The subjoined extracts are from a supplement to a report read to the American Dermatological Association, September, 1877. A copy of this report will be gladly sent to any one desiring it:

"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is *the chief source* of *acute* skin disease. Scrofula is *the chief source* of *chronic* skin disease. The more inveterate cases of skin disease are often due to the coëxistence of these two things. The specific exanthems, of course, are not included here, but I con-

tend that their progress and termination are often largely influenced by the presence of malaria or struma. *I do not claim* that malaria and struma are the *sole* causes of the dermatoses. Indeed, *many* of the dermatoses may exist *independently* of malaria or struma, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition; menstruation, parturition, lactation, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the antimalarial remedies on the one hand, and by the anti-strumous on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

"In conclusion, I desire to impress upon the reader that my views *are not confined to the skin diseases*. What produces disease here will produce it in all other organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

Subsequent observation has confirmed my belief in the correctness of these views.

LUNSFORD P. YANDELL.

THE Hospital College of Medicine in this city will hold its sessions in the spring.

POST-GRADUATE COURSES.

In some remarks on this subject the Medical News, of Philadelphia, says:

In New York, the post-graduate idea has taken two directions. One school combines lectures with clinical and practical demonstrations; the other deals exclusively with clinical work. In a recent editorial, we decidedly commended the efforts made by our New York *confrères* to give practical direction to the two ideas of post-graduate instruction. But we are of the opinion that much of this method of instruction should be introduced into the regular sub-graduate curriculum, and that without the knowledge that is thereby obtained, a student is not fitted for graduation. The tendency of medical teaching now is to adopt this view and to supplement the didactic lectures with practical and clinical demonstrations in which the students themselves take an active part.

Recognizing the great need of practical eye, ear, and hand training, as a means for fitting the medical man for the work of his profession, Harvard and the two leading medical schools of Philadelphia have regular exercises in laboratory and hospital to secure this to each person. In every department—in clinical medicine, operative surgery, chemistry, materia medica, and physiology—each candidate for the doctorate is taught practically in the best sense of the word. At the Jefferson Medical School and at Harvard there is also an obstetrical laboratory, in which the principal obstetrical and gynecological operations on the female cadaver are performed in the regular curriculum, in the same way as on the living subject. At the University of Pennsylvania this course is embraced in the spring session, and we are informed that plans are being matured by which each student before graduation shall receive instruction in practical obstetrics at the bedside. . . .

In the methods inaugurated for the post-graduate instruction, there should be a combination of the clinical with the practical work in laboratory. Hence we fear that a merely clinical school will not accomplish the same good purpose.

New York has certainly taken the initiative in the organization of schools devoted solely to the instruction of graduates. Philadelphia has for several years provided suitable courses—as we have seen—for the same purpose, in connection with the existing medical colleges, and at the numerous special hospitals. It would also certainly be doing injustice to the Western schools if we failed to recognize the work which they are doing in the same way. Rush, the Medical College of Ohio, the University of Louisville, have provided excellent systems of post-graduate instruction, to which the profession has had access for several years. *Palmas qui meruit ferat.*

The post-graduate course of the University of Louisville follows immediately upon

the annual commencement, and furnishes to practitioners and recent graduates that practical and clinical instruction which is so essential for higher professional qualifications. Practical manipulatory instruction and laboratory work by which the eye, ear, and hand are educated is a part of the regular curriculum of study in this institution. The student, before graduation, is made familiar by actual practice, under the supervision of an instructor, with the use of the microscope, laryngoscope, ophthalmoscope, chemical manipulation, and the application of bandages, surgical dressings and appliances, as well as the use of the vaginal speculum, the stethoscope, and other aids to diagnosis and precision. The post-graduate course includes a higher grade of study, with advanced practical and clinical instruction, in order to furnish the practitioner and recent graduate those facilities formerly sought by American physicians in Europe, and which are essential to advanced skill and self-instruction in practical professional life. A post-graduate course is rapidly becoming a necessity in our educational system, and it is gratifying to see that our Eastern *confrères* appreciate the earnest and honest efforts made by the leading schools of the Southwest to give first-class facilities to students and practitioners. The announcement of the post-graduate course of the University of Louisville will appear early in the new year, and many practitioners throughout the Southwest will doubtless avail themselves of the advantages offered.

PROF. THEOPHILUS PARVIN.—The Edinburgh Obstetrical Society has just elected this distinguished teacher and writer an honorary member.

THE ARMY MEDICAL MUSEUM AND LIBRARY.—There is every reason to fear that at the next session of Congress an effort will be made to merge these valuable collections into the general Congressional Library.

MISCELLANY.

A BEQUEST.—The University of Louisville has lately received from the executors of the late Dr. George John Emil Renner five hundred dollars, bequeathed by the deceased to the dispensary department of the University.

Dr. Renner came to America soon after the Franco-Prussian war, through which he served in the Prussian army. He was a citizen of Freiberg, of excellent family, of high scholarship, proud, brave, and gentle.

He was graduated by the medical department of the University, March, 1877. He passed an exceptionally brilliant examination, and seemed destined to achieve the highest professional distinction. On the breaking out of yellow fever in Memphis in 1878 he hastened thither, one of the first volunteer physicians, and while laboriously engaged in the philanthropic work of ministering to the plague-stricken people fell a victim to the disease.

He died, as he had lived, loving God and his fellow-man, without fear of the future on either side of the grave, with a heart full of courage and kindness. His death was sorrowfully noticed at the time in these pages.

Deeply to be commiserated indeed is he who is without belief in a conscious existence beyond the grave, where such men as young Renner may again live and labor, carrying out there the pure and exalted purposes of a noble life broken off on hither side.

Let those who believe, pity and pray for those who are bereft of religious faith, rather than condemn them as malignant malefactors, as is the common custom of pious people.

Dr. Renner's means were limited, and for this reason his love offering to his Alma Mater, made on his death-bed, is all the more valued by the trustees and teachers of the University.

A DERMATOLOGICAL DRAMA.—The *Moniteur des Sciences Médicales et Pharmaceutiques* publishes an amusing "dermatological drama," called "King Sulphur," which is said to be played at the Hôpital St. Louis. Sulphur is King of Cutis, and has just conquered Acarus. He lays his crown at the feet of Queen Friction, who has aided him in the campaign, and implores her to become his honored queen. But she insists first on making an assault on Favus, and totally destroying his arrogant rule. If af-

terward Sulphur should burn with the same ardor, she will consent. Then she leads forth her army, attended by Axungia, while Sulphur marches in her train. Meanwhile the old tried generals, Hydrargyrum, Iodide of potassium, and Terebinth consult in angry conferences. Hydrargyrum is excited when he thinks that he, who has for forty years combated with so much glory all the forces of the Syphilides, should now be set aside for this Sulphur. Iodide laughs at his fears, and mocks at the silly tactics of Sulphur in such a war. Then we are introduced to the palace of Queen Eczema, wife of Herpes, who confides to her faithful attendant Acne her fears as to the future; she imagines she is losing her bloom, and is oppressed with vague fears. The news of the advance of Sulphur with Friction and Axungia causes vast alarm. Great preparations are made to resist him, but his attack is irresistible, and at length Favus, Eczema, Herpes, and all their generals have to acknowledge themselves vanquished by this terrible parasite and spore destroyer.—*Journal of Cutaneous and Venereal Diseases.*

SAD OUTLOOK FOR THE BRITISH PROFESSION.—During the past ten years we have watched the medical practice in London very closely, and we can truly say that, as regards general practice, it has been going from bad to worse, and from worse to still lower depths up to the present time. At no time has the outlook been worse than it is just now. Every department of practice is over-crowded, and a large proportion of practitioners have no notion whatever of professional honour and dignity. They act as if they were engaged in a trade, and do not care how small a fee they accept. There is scarcely a district in the metropolis but swarms with so-called "dispensaries" and open surgeries, where advice and medicine can be obtained for a shilling, and in the poor neighborhoods qualified surgeons are content with a fee of sixpence, whilst some are even content with fourpence for each attendance, and we have known a qualified doctor advertise to give *advice and medicine for twopence!* And it is of no use to complain of those who so degrade the profession; their answer is that they must accept low fees or starve.—*The Students' Journal.*

LINNÆUS taught that all diseases were produced by animalcula, or had an insect origin.

GYNECOLOGICAL FORTIFICATIONS.—The Medical Times thus alludes to Dr. Boze-man's paper, read before the American Gynecological Society: "The paper entitled 'Genital Renovation by Kolpostenotomy and Kolpoecpetasis in Urinary and Fecal Fistules,' is by Nathan Boze-man, M. D. It presents us in its first pages with the spectacle of the birth of a new word, for, following the example of the ophthalmologist, the gynecologist is now striving to bar the entrance to his specialty with mighty names. The reader of this paper must encounter and overcome cystosteliosis, kolpo-kleisis, kolpostenotomy, kolpoecpetasis, kolpostenosis; and when there are thrown in a few other big words from outside sources, as pyonephrosis, etc., it is still more bewildering. Hystercystokleisis is a good word, if it stops growing now. Then we have hysterkleidic, episio-kleisis, anakainosis. 'Some may object,' the writer says, 'to the introduction of so many new words;' but the introduction is a small matter, the difficulty is in recognizing them the next time one meets them in literary circles."

CASE OF COBRA BITE FOLLOWED BY RECOVERY.—Surgeon-Major Gunning (East India service) reports in the British Medical Journal, November 4th, this rare event. The patient was not seen for many hours after the injury. Surgeon Gunning is confident his treatment in no way affected the result. The snake was desquamating, and therefore not in a vigorous state of venom. Besides, he struck the victim's boot with his fangs repeatedly before he bit his hand, and thus doubtless expended the contents of the poison sac. The patient was ill and suffered decidedly, but was at no time in apparent danger. The cobra is the deadliest of all reptiles, and usually his bite results as in the following case described by Mr. Gunning: "A poor woman was bitten by a cobra about one hundred yards from where I am now writing, and was immediately carried across to me, but died in ten minutes after, or about thirty minutes after the infliction of the bite."

GUY'S HOSPITAL.—Dr. Steel, of Guy's Hospital, at a coroner's inquiry held by Mr. Payne the other day, opportunely explained that the reason why patients had frequently to be refused admission to that institution was simply because there was no room for them. Guy's and St. Thomas's are the only hospitals for the reception of accident cases in the South Metropolitan District, and as

the population is constantly increasing, without a corresponding addition in the ward accommodation at these hospitals being provided, they are unable to meet the growing demands made upon them.

BRILLIANT SENTENCES FROM BRITAIN.—Excerpts from Dr. Tripe's address in the Medical Times and Gazette of November 4th. Who is to blame, the speaker, the printer, or the editor? "Indeed, alterations in the proportion of land covered with water and forests have changed the climates of many countries to such an extent as to have rendered lands once fertile and healthy almost uninhabitable, or to have made unhealthy or sterile some localities which were formerly heathful and fruitful. . . . I suffered from these symptoms during the ascent of a mountain, at about ten thousand feet, and above, but they ceased on reaching the top and keeping myself still, showing that exertion had little to do with them."

SIR THOMAS WATSON.—American physicians will learn with profound concern that this revered physician and lovable gentleman has suffered an attack of paralysis indicative of cerebral lesions, and is gradually sinking. When his old pupil and devoted friend, Dr. George Johnson, reached his bedside, Sir Thomas, with calm demeanor and clear intellect, remarked, "This is the beginning of the end." Though the end is at hand, a noble career and the Lectures on the Principles and Practice of Physic will remain to testify the purity of character, superior professional attainments, and elegant scholarship which long ago won an envied and world-wide distinction.

DRS. WOODWARD AND BARNES.—It is with much regret that the profession learns of the continued impaired health of these well-known members of the profession. Dr. Woodward's health was not improved by his recent trip to Europe, and the condition of the ex-Surgeon General is such as to excite the greatest apprehension.

"I HAVE spoken almost exclusively of what I have myself seen and investigated." Dr. Cornil makes this remark in the preface to his work on Syphilis. If all authors would pursue this commendable plan we should have much fewer books as well as much smaller and better ones. The average medical treatise is chiefly composed of compilations from other bookmakers.

Original.

A CASE OF DIFFICULT LABOR.

BY A. W. REESE, M. D.

On Saturday, October 16, 1871, I was hastily summoned, at ten o'clock P. M., to the bedside of Mrs. L., of this place. On my arrival I found present in the sick woman's room Dr. H., the attending physician, Dr. W. C., called in consultation first, and Dr. S. P. added to the council previous to my arrival at the house. I discovered it to be an unusual case of labor. Dr. H. informed me that he had been called to the patient the preceding night (15th); that she had been in labor since two o'clock that morning; that she had just passed through two severe and alarming convulsions, and finally, that the medical gentlemen present all differed in regard to the presentation. Dr. H. gave it as his opinion that it was a presentation of the breech; Dr. W. C. thought it was the abdomen, and Dr. S. P. was sure that it was the shoulder of the fetus that presented itself to the touch.

Such then, in brief, was the history of the case, together with the differing views of the respectable medical men with whom I had been called to consult. The patient was profoundly under the influence of chloroform when I entered the room, Dr. H., the attending physician, administering the drug.

On concluding a statement of the above brief outlines of the case, Dr. H. asked me to make an examination and give my views, which I at once proceeded to do. The touch revealed a strange, unusually-shaped mass blocking up the entire pelvic cavity. In the course of a somewhat extensive obstetric practice I had hitherto met nothing like it. And yet, in spite of its seemingly anomalous character, I could not resist the conviction that the vertex was the presenting part. In fact I felt sure that it was the head that came in contact under the touch.

The shape of this cumbrous mass was, I admit, altogether unlike any other fetal head I had ever met before, and I must confess that this fact was rather against than in favor of my diagnosis in this knotty case. But on the other hand I was sure that I could feel the short, fine, silky hair that usually covers the fetal scalp.

Dr. S. P. could by no means agree with me in this diagnosis. He attributed the sensations derived by me from the touch, to abrasions of the cuticle upon the presenting

part of the fetus, as there had been a good deal of manipulation before my arrival in the case. Neither my judgment nor experience could approve this view of the matter.

Whilst making my examination, I rapidly reviewed, in my own mind, the conflicting and diverse opinions of my colleagues, and endeavored to determine their respective merits in a diagnostic point of view. First, then, I carefully scrutinized the position of Dr. H., the supposition of a breech presentation. And, truly, there seemed considerable grounds for his opinion. Here was a large mass, divided longitudinally, by a deep sulcus or groove, into two distinct, rather oblong hemispheres, which indeed bore a remarkable resemblance to the nates. But there were two features of the case which led me, unhesitatingly, to reject Dr. H.'s conclusion. In the first place, the hemispheres of the nates (if I may be allowed the expression) are soft, elastic, yielding, and pliable under the touch. In the present case these protuberances (whatever they might prove to be) were directly the reverse, being hard, dense, compact, inelastic, and, in short, felt to me just like bone covered by integument. Secondly, in passing my index finger from one end of this deep sulcus to the other (which, by the way, was no easy matter) I could discover neither the genital organs nor the anus; one or both of which must have been attainable in a breech presentation, except in a case of monstrosity, which latter is unusual and rare.

For these reasons I could not accept the view of the case under consideration as being a presentation of the breech. I next reviewed the opinion, expressed by Dr. W. C., that the abdomen was the portion of the fetus accessible to the touch. I endeavored to ascertain what features of the case could lead the Doctor's mind to this singular conclusion, for I had never met such a presentation, and was, moreover, skeptical as to its existence. The records of the profession sustain me in this opinion. Ramsbotham says, that in one hundred and fifty cases of transverse positions of the fetus, where he has been called to operate, he has met but *one case* of presentation of the abdomen. Chailly denies their existence altogether; though in the American edition of that author's work, Dr. Gunning Bedford, the editor, mentions a case of the kind which he saw in consultation. Cazeaux, Dubois, and Naegele recognize but *two* trunk presentations, one for the right and

one for the left side. Madame Lachappelle denies the existence of such a presentation. This celebrated midwife declares that, in as many as forty thousand cases occurring at La Maternite, she had not met a *single case* of presentation of the abdomen.

In the case under consideration I could certainly expect to find either the soft, fluctuating, yielding parietes of the abdomen, the ensiform cartilage of the sternum, the symphysis pubis, or the insertion of the umbilical cord at the navel, if the belly, according to Dr. W. C., were the presenting part. But none of these portions of the fetus could be felt. I therefore excluded the abdomen from my diagnostic list. In confirmation of Dr. S. P.'s theory, that it was the shoulder, I could feel neither the axilla, any portion of the arm, the clavicle, fetal ribs, neck, acromion process, nor any other evidence that would lead me to the conclusion that it was a presentation of the shoulder, right or left.

On retiring for consultation I gave my opinion, and the reasons influencing my mind in entertaining the views expressed. Each of my colleagues, however, seemed "fully persuaded in his own mind" of the correctness of his own diagnosis. Such being the case, not much concert of action could be expected.

Finally, after much talk, it was agreed on to review the case, each of us to make another examination, and see what results could be obtained. We returned to the parturient chamber, and each one instituted a further examination, with the exception of Dr. H., the attending physician, who declined, stating that he was fully satisfied that it was the breech. Dr. W. C., the pioneer physician in the county, made a prolonged and rather tedious examination. He was succeeded by Dr. S. P., and lastly by the writer. We again retired for further consultation, and I must say that it was not a little amusing to see how positive each had become as to the correctness of his former opinion. No new light was thrown upon the subject.

Meantime it was becoming painfully evident that the vital forces of the patient were beginning to flag; the countenance was pale, the surface cool, the pulse feeble and growing quick and small, and the mind becoming despondent. These were serious symptoms, and showed that little time was to be lost in instituting some means for the woman's speedy relief.

The expulsive contractions of the uterus were powerful and continuous, but not a par-

ticle of advance was made by the presenting part of the fetus. As the result of further consultation resort was had to the forceps. Dr. S. P. volunteered his services in that direction, but after repeated and persistent efforts failed to deliver. After some time spent in these fruitless labors, the Doctor finally gave it up as a bad job, and asked me to try my hand. I took the handles of the forceps and withdrew the instrument from the patient's body. In reply to the Doctor's expressive look of inquiry, I said, "I am loth to use the forceps when there is room for doubt as to what part of the fetus they are to be applied."

I then made the third examination, as did also the two other consulting physicians, but without coming any nearer to an agreement than at first. I then made the suggestion that, regardless of the presentation, an effort should be made to reach the feet, and by turning the fetus deliver at once. This proposition met with general favor, for we had now reached a stage in the proceedings when any thing looking toward relief was gladly accepted. I was requested to make the attempt. I did so, and after great difficulty succeeded in reaching the feet, but found it impossible to turn. The two remaining consulting physicians both made similar efforts but without success.

At this stage of the case a final consultation was held, in which it was determined to use the perforator at once upon the most accessible part of the fetus, regardless of what it might ultimately prove to be, and thus by materially reducing its bulk, effect the speedy delivery of the woman, whose condition was now beyond question one of extreme peril. The perforator was therefore immediately brought into requisition. This procedure was instantly followed by an immense gush of water, a gallon at least in quantity, making its escape in a literal torrent. The blunt hook being then inserted into the opening made by the perforator, the fetus was speedily brought through the vulva. An inspection revealed a very large child with an enormously enlarged head.

The incision made by the perforator was directly in the center of the median line between the os frontis and the occiput, through the sagittal suture, thus putting the question of the presentation beyond all dispute. The sulcus felt by us was caused by the terrific pressure brought to bear by the uterine contractions upon the parietal bones of the fetal head.

On measurement, which was effected by

stuffing the cranial cavity with raw cotton and the use of a tape line, the proportions of the fetal head were found to be enormous. The distance from the nasal bones to the occipital protuberance was twenty-two and one half inches; circumference, measuring just above the ears, twenty-nine inches; from apex of chin to anterior fontanelle, nineteen inches. Unfortunately we neglected to weigh the child, but it could not have fallen short of fourteen or fifteen pounds. With the exception of its head it was well-shaped and healthy in appearance.

I saw this patient again on Sunday morning, the 17th, in consultation. Dr. W. C. and I called together. The symptoms were regarded as unfavorable. There was a pulse of one hundred and ten, inclining to be small and wiry, hypogastric tenderness, and pain and slight tympanitis. She was rational but restless and despondent. Dr. H. was still in charge of the case. I expressed my opinion to Dr. W. C., on our departure from the house, that she could not survive. The Doctor coincided in this view of the case. The prognosis proved correct, for she grew rapidly worse, and in a few days perished from metropéritoneal inflammation.

I am led to report this melancholy case, not for any purpose of self-glorification, not because I claim any special infallibility in diagnosis, or that I desire to appear "wise above that which is written," but because I think it an instructive case that may prove of some benefit to the profession, especially its junior members, and that there is sometimes "in a multitude of counsel" considerable confusion.

Accuracy in diagnosis is not always possible, even to the most experienced and skillful men. Mistakes will sometimes occur even with the best informed members of the healing art. I am satisfied that cases do arise where the wisest heads are sorely puzzled. Skill in diagnosis is the result of patient, laborious, and careful observation. Abernathy once said that "genius in a medical man consists in a patient observation of facts."

A man is a physician in the highest sense of the name, just in proportion to his knowledge of pathology and his skill in diagnosis, for "upon these two hang all the law and the profits." (Excuse the pun.)

The more we are impressed with this fact the more certainly shall we approximate that perfection in our noble profession which is the goal of our common ambition.

WARRENSBURG, Mo., Nov., 1882.

Reviews.

A System of Human Anatomy, INCLUDING ITS MEDICAL AND SURGICAL RELATIONS. By HARRISON ALLEN, M. D., Professor of Physiology in the University of Pennsylvania. Illustrated with three hundred and eighty figures on one hundred and eighty-nine plates, many colored; also two hundred and fifty woodcuts. The drawings by Herman Faber, from dissections by the author. The whole in six quarto sections upon fine, thick paper. Philadelphia: Henry C. Lea's Son & Co. 1882.

To maintain a thorough familiarity with the essential details of anatomy is the most constant difficulty with which the practitioner of medicine contends. Regular annual review of this branch of study with dissection and demonstrations is usually impracticable in the midst of active practice, and no portion of medical knowledge so quickly fades into inaccuracy in memory as anatomical details. Many practitioners, in conscientious and intelligent recognition of the importance of this knowledge in connection with medical diagnosis and surgical procedures, endeavor to keep their knowledge fresh and accurate by occasional study and consultation of plates and drawings. These, unless very expensive, are usually inaccurate and unsatisfactory. Sibson's Medical Anatomy is an excellent work, but is limited to regional anatomy, with a brief and unsatisfactory text. Maclise's Surgical Anatomy is expensive and adapted only to the wants of the operative surgeon. Quain's large illustrated treatise is unwieldy and poorly illustrated. The well-known text books on anatomy are altogether descriptive, and do not treat of anatomy from the standpoint of either practical medicine or surgery. These latter works emphasize no especial feature, but treat of every detail in the descriptive method of elementary study. Teachers and students of anatomy have long felt the need of a work, thorough in details but conspicuous in important practical features; a work combining the advantages of faithfully depicted and artistically executed illustrations, together with a simple and practical exposition of the principles of human anatomy; a work suited to the wants of the student of medicine and surgery, and also to the general practitioner in the midst of his labors. It has fallen to the lot of our American confrère, Dr. Harrison Allen, of Philadelphia, to produce a work which fully meets these indications.

Human anatomy may be regarded an exhausted science, and many are the works

offered the profession on this subject, yet to write or teach anatomy successfully requires capabilities of the highest order. To teach medical and surgical anatomy with success and satisfaction necessitates a thorough practical knowledge of medicine and surgery acquired at the bedside. Moreover, in the preparation, arrangement, and practical adaptation of facts already known, as much ability and ingenuity may be displayed as in the search for the unknown in medical science. Dr. Allen undertook a severe task when he conceived the determination to produce a work on human anatomy which would meet the wants of both the student of medicine in his dissections and the practitioner amid the emergencies of a general practice. We know that it has required years of labor and diligent, patient, painstaking study and dissection to accomplish the task, and we congratulate him upon its completion.

The distinguishing feature of this work is that, while a thorough treatise on human anatomy, it is neither prepared from the standpoint of the scientist without knowledge of or sympathy with clinical requirements, nor from the standpoint of the surgeon, who often disregards the wants of the student and physician. The purpose has been maintained throughout of adapting the work to the wants of the student, the surgeon, and the physician.

The day is at hand when the American student of medicine will seek instruction in anatomy from the teacher who treats his subject from the standpoint of a practical medical man instead of from that of the scientist. We would not decry the study of anatomical science in its widest range, so attractive to the student of natural science and the very basis of all knowledge of living things. Human anatomy can never be appreciated without the study of comparative anatomy. No studies can offer such charms to the student of nature as are found in the study of anatomy and physiology in their widest domains. These studies, however, are for the few and not for the many. The student of medicine of the present day can not enter these inviting fields of study, but must perforce limit his investigations to the essential and practical. Hence we say, that teacher of anatomy will best meet the demands of the hour, who, thoroughly acquainted with his subject, has also a practical knowledge of medicine and surgery, and presents to his class in attractive and methodical manner, with due emphasis and abundant illustration, a knowledge of anatomy as applied to

medical and surgical practice. Dr. Allen is alive to these requirements, and has demonstrated the fact in the preparation and arrangement of his treatise on human anatomy.

The work is composed of six sections. The first is devoted to histology, and is prepared by Dr. E. O. Shakespeare, of Philadelphia, whose studies in both normal and pathological histology are familiar to the profession. The second section includes a consideration of the anatomy of the bones and joints. Both sections are admirably illustrated with plates of wonderful fidelity and beauty. The text is simple, concise, accurate, and lucid. The localization of diseased action and the surgical relationship are made prominent in connection with the consideration of every organ and part. The publishers have received the following note relative to the work from a well-known practical surgeon, who for many years publicly taught anatomy:

Gentlemen: Allen's Anatomy needs no commendation from me. It speaks for itself. I know of no similar work in any language which, either in illustration or text, is as well adapted to the wants of the medical student and the practitioner as this book of Professor Allen.

Yours truly,

D. HAYES AGNEW.

PHILADELPHIA, October 10, 1882.

This is high commendation, and the treatise fully merits it. The entire work will consist of six sections, arranged in portfolio form. This arrangement is most favorable for ready reference and convenience. The paper and typography are up to the well-known standard maintained by Messrs. H. C. Lea's Son & Co. It is sold only by subscription. The price is \$3.50 per section, the sections being delivered without additional cost and to suit the purchaser's convenience. The first two sections are now ready. Messrs. G. T. Craven & Co., 536 Third street, Louisville, and 141 Race street, Cincinnati, are the general agents for the West and South. Communications addressed to either office will elicit any further information desired in relation to Allen's Anatomy. M'M.

THERE is a true and a false medicine—the true consists in knowing how much we know; the false in pretending that all the arcana of disease and Nature is open to us. The true is noble and honest; the false is ignoble and dishonest.—*Thomas M. Dolan, F. R. C. S., in Med. Press.*

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

The Pathological Society of Philadelphia met Thursday evening, October 9, 1882, the president, Dr. James Tyson, in the chair.

MYXOMATOUS TUMOR OF THE POSTERIOR CERVICAL REGION. Presented by Dr. Nancrede for Dr. W. G. MacConnell.

The tumor was removed by Dr. J. H. Brinton at the Jefferson College Hospital Clinic, some ten days since. The patient was a little boy aged four years, whose parents had first noticed the growth about two years ago. Latterly it has grown with considerable rapidity. It was of firm consistence, lobulated, and movable beneath the skin, giving the impression that it was a fibrous tumor. After removal, in addition to the above-mentioned characteristics, it was found surrounded by a capsule, and on section looked somewhat suggestive of myxoma; still it was thought by some to be merely a fatty tumor containing more fibrous tissue than usual.

Microscopic examination by Dr. MacConnell. Upon examining a frozen section stained with iodine, meshes of capillaries are displayed, in the walls of which the endothelial cells composing the vessels can be distinctly seen. The aforesaid meshes contain the mucoid structure traversed by large, pale, fusiform cells, the processes of which anastomose with each other. In addition many leucocytes are seen, and interspersing the growth in every direction numerous yellow, elastic fibres are readily distinguished.

When presenting the specimen, Dr. Nancrede commented on the rarity of such growths.

Dr. S. W. Gross said he had himself presented several gelatinous polypi of the nose, a number of years ago, which were most characteristic examples of myxomatous tissue. He could also recall a specimen of subcutaneous myxoma of the forearm, as well as the hematoid myxoma of the breast referred to by Dr. Nancrede. He was disposed to consider it the rarest of all neoplasms of the breast; indeed, he had never personally met with one, and when preparing his work on tumors of the breast he had written to numerous surgeons throughout the country, who all replied that they had never met with one affecting the breast.

Dr. Formad remarked that he had exhibited a myxomatous fibroma of the labium some years since, and said that the peculiar milky appearance assumed by the fluid when such growths were thrown into alcohol was a good diagnostic point.

Dr. Shakespeare said that his personal experience as to the rarity coincided with that of Dr. Gross. This specimen is one of the rarest forms, as most of the fibrillæ consist of yellow, elastic tissue. The rarity of myxomatous tumors seems to him to have much bearing on the views of Cohnheim and others as to the etiology of tumors. The observers insist that all tumors spring from the remains of fetal tissues, not made use of in tissue construction, which remain dormant in their embryonic condition until subjected to some irritation, when they develop into the various neoplasms. Now, tissue practically identical with

that found in myxomata pervades the fetus. How, then, is it that portions of this do not remain to give rise to myxomata? On the contrary, myxomata are among the rarest of the neoplasms.

BRAIN, LUNG, HEART, LIVER, SPLEEN, KIDNEY, AND BLADDER LESIONS. Presented by Dr. J. T. Eskridge.

The specimens showing the above lesions were removed from the body of a man aged sixty-eight years. The patient had become deaf in the right ear thirty years before, while suffering from some brain disturbance. Attacks of jaundice, with gradually-increasing permanent discoloration of the skin, had extended over a period of ten years. Since the early part of the year 1877 he had complained of incontinence of urine, an oppressed feeling over the hepatic region, dropsy in the feet and face, and a gradual loss of flesh and strength. The two years preceding his death he had been unable to work, but was only confined to bed five days. During the latter period his symptoms were in the order in which they were developed—great prostration, scanty secretion of urine, blindness for twenty-four hours preceding repeated convulsions, loss of speech, and almost total inability to swallow, although consciousness was preserved till coma ushered in the death scene. His temperature (axillary) did not rise above 100.5°. The surface head-temperature nearly equaled that of the axilla. No paralysis of the muscles of the face or extremities preceded death. The liver during life did not appear to be enlarged or altered in its outline.

The post-mortem examination revealed in the brain engorgement of the veins with some effusion, slight pia-mater inflammation in the neighborhood of the fissure of Rolando, apparent degenerative changes in the left island of Reil and anterior portion of the left tempero-sphenoidal lobe; in the pleura and lungs, old and numerous pleuritic adhesions, lobular and vesicular emphysema of the lungs, congestion of both lower lobes, and a nodule (probably cancerous) of the left apex; in the heart, fatty degeneration, dilated right ventricle, and incompetent mitral valves from ossific change; in the liver, multiple cancer without an increase in size or a nodular condition of the organ; in the spleen, marked increase of fibrous tissue and atrophy of the gland to one half or less its normal size; in the kidneys and ureters, the last stages of pyo-nephrosis, the glandular tissue being nearly destroyed, the pelvis were as large as a good-sized orange, and the ureters dilated so as to admit a man's thumb; in the bladder, great hypertrophy of the mucous membrane and decrease of the capacity of the viscus.

PRIMARY CARCINOMA OF PANCREAS AND LIVER. Presented by Dr. E. T. Bruen.

The interesting features pertaining to this case are the age of the patient (twenty-four years) and the rapidity of the abnormal processes. These rendered the diagnosis of malignant disease doubtful, till the appearance of nodular tumors in the liver. The family history was free from hereditary disease. The commencement of the disease dated from September, 1881. Death occurred on the 15th of January, 1882. At first the symptoms related solely to the digestive tract, such as dull and heavy sensation after eating, with acid eructations and

occasional vomiting. Subsequently sharp, cramp-like pains in the abdomen were a prominent symptom. After the lapse of a week there commenced general itching, and two weeks later the skin became yellow. This yellowness and itching never disappeared during the history of the case. At the autopsy the gall-duct was found obstructed by the enlarged head of the pancreas, so that extreme dilatation of the gall-bladder had ensued. This was probably the cause of the jaundice and not the liver disease itself. The bowels were regular and the appetite good when first seen. The case then presented evidences of partial obstruction of the gall-duct with digestive disorder, but without the symptoms characteristic of malignant disease of the stomach or bowels. By the middle of December, 1881, the liver-dullness then extended from the fourth interspace to three inches below the ribs; in the nipple-line from the ensiform cartilage the line of dullness extended to within one inch of the umbilicus. The hepatic region was tender upon pressure, especially over the epigastrium. The patient complained about this time of dull pain over the liver with griping pain in the abdomen. The pulse was ninety-six per minute. He had lost four pounds since admission, and looked thin. About this time a small inequality was noticed on the surface of the liver three inches above and a little to the inner side of the umbilicus. The spleen was enlarged. By January 7th the bosselation of the liver became distinct, and the enlarged gall-bladder, rendered irregular by gall-stones, presented a slowly-increasing, elastic, tender tumor, situated to the right of the epigastrium and umbilicus. By January 12th the pulse became rapid, one hundred and thirty per minute. The patient rapidly failed, and death occurred on January 15th.

Autopsy. The pancreas was enlarged to double its size, the growth chiefly occupying the head and compressing the common bile-duct. Microscopic examination showed it to be scirrhus carcinoma. The liver was thickly studded with nodules of medullary carcinoma, explaining the ante-mortem bosselated feel of the organ. The gall-bladder was distended to twice its normal size and contained a number of gall-stones.

Remarks. The duodenal end of the organ, as is usual, was the seat of the disease. In a paper on thirty-nine cases of primary carcinoma of the pancreas, in St. Bartholomew's Hospital Report for 1881, jaundice is stated to be always present, while in twenty-four cases of secondary carcinoma this symptom was noted in but seven cases. This is presumably from the secondary growth occurring in some other portion of the organ than its head. Murchison says that the characteristic symptoms of carcinoma of the pancreas are pain in the pancreatic region, sensible tinna, and persistent jaundice. To these Dr. Bruen would add intestinal dyspepsia, which differs in some essential features from the dyspepsia of organic disease of the stomach.

Dr. Musser remarked that he could vouch for there being a distinct tumor of the pancreas, as he was present at the autopsy. The case had been under his observation in the dispensary one month prior to admission to the hospital. On account of the age he was puzzled as to an exact diagnosis, although confident that the cause of the jaundice was obstruction. He noted among other symp-

toms the intense itching of the skin, a point of importance, Sims says, in the diagnosis of obstructive jaundice from that due to suppression. In five cases of tumor of the pancreas he had lately seen, all were accompanied by jaundice.

Dr. Bruen called attention to the uncertainty of bosselation as a symptom of malignant disease of the liver. He had presented to this society, only two weeks since, a liver exemplifying this condition in a marked degree, where nothing beyond cirrhosis in the stage of enlargement existed. The occurrence of carcinoma of the liver at so early an age is unusual, although Dr. Pepper had shown a specimen of the disease to this society some years ago, occurring in an infant.

Dr. Tyson said that there were two points in this case of great interest to him: First, jaundice in carcinoma of the pancreas, while it is a frequent symptom it is by no means an invariable symptom. Seven years ago he presented to this society the specimens from a case of primary pancreatic carcinoma where no jaundice had been present, and six months ago he presented to the society a specimen of enlargement of the head of the pancreas from a patient who also presented no symptoms of jaundice. Second, as to the diagnosis from cancer of the stomach he had noticed in his experience, as was mentioned in the history of Dr. Bruen's case, the absence of gastric symptoms. This negative symptom is of importance, since the tumor is often detected in precisely the same spot in both these diseases. The absence of gastric symptoms with intestinal indigestion, irrespective of fatty diarrhea, he considered the most reliable diagnostic points between carcinoma of the pancreas and stomach.

SPINDLE-CELLED SARCOMA OF THE SMALL INTESTINE. Presented by Dr. W. A. Edwards.

On September 23, 1882, I was asked to assist Dr. W. F. Atlee in the removal of an abdominal tumor. The patient, aged forty-eight years, whose menstruation had ceased at thirty-one years, first noticed the swelling in April last. On the day of operation she measured thirty-eight inches around the abdomen. The usual incision was made and the tumor reached, when its surface was seen to be of a dark purple hue, with a net-work of large veins ramifying in every part of its serous covering. A trocar and cannula were introduced, but nothing but blood followed the withdrawal of the trocar. The sac was then torn open, and its contents of a soft, brain-like consistence were emptied out. The growth was now turned out of the abdominal cavity. There was no distinct pedicle, but an attachment to the intestine of about the size of a half dollar was seen. Dr. Atlee says, "When I emptied the sac of its soft contents I examined carefully, with extreme care, the part fastened to the intestine, and my finger passed into the intestinal tube." A silk cord was tied around the attached portion and the remainder of the growth removed. The omentum was attached to the growth for a space of two inches. This was ligated and cut away, and the abdominal wound was closed, etc. Death occurred September 25th, at 4 A. M.

This growth sprang primarily from the submucous tissue of the small intestine and grew with great rapidity, as the patient was only aware of its presence last April, and by September she measured, as above stated, thirty-eight inches. Micro-

scopical examination of preparations taken from several portions of the growth clearly showed it to be a spindle-celled sarcoma, and a most typical one at that. The small intestine is an unusual site for this neoplasm. As far as I am able to ascertain there is no recorded instance of its occurrence in this situation. My friend, Dr. Formad, to whom I have shown the growth, concurs with me in this statement. On the day of operation I noted as well as I could the absence of all secondary deposits. The surrounding intestines and peritoneum were apparently normal, not even unduly hyperemic. No post mortem was permitted.

CHRONIC PARENCHYMATOUS NEPHRITIS COMPLICATING PHTHISIS PULMONALIS. Presented by Dr. James Tyson.

My object in showing these kidneys is to illustrate the morbid anatomy of the renal complications which so frequently attends the later stages of phthisis pulmonalis. It is very well understood that when edema of the feet and legs present themselves in cases of consumption the end is not far distant; but the renal complication which is at the bottom of such edema is often overlooked. It is of course not impossible that there should be edema in the last stages of phthisis, from simple alteration in the composition of the blood—a watery state of it—but in the majority of instances it means that the kidneys have become involved. As to the form of disease affecting the kidneys, it is acknowledged that it may be either lardaceous disease or chronic parenchymatous nephritis; but I think the impression prevails, at least it was my own until recently, that the amyloid kidney is the most frequent complication. I believe, however, that the chronic parenchymatous nephritis is more common, and it becomes a matter of interest, if not of importance, to be able to diagnose between these two conditions. It is well known that the microscopic and clinical characters of the urine in the various forms of kidney disease are often identical, so that no assistance is afforded by a study of the urine. The history of the case of course leads to neither particular form, but suggests both. One criterion only can I recall to aid us, and that is the presence of enlarged liver. So commonly associated is the enlarged amyloid liver with amyloid kidney that the absence of it almost necessarily indicates the presence of amyloid kidney. At least I am sure we would err less frequently if we were to consider all cases of renal diseases attending consumption unattended by enlarged liver to be parenchymatous nephritis rather than lardaceous disease. It is true we often have enlarged fatty liver in consumption, but the degree of enlargement never reaches that of the amyloid liver, and hereafter I shall be inclined to consider all cases of renal disease complicating consumption to be parenchymatous nephritis, unless they are associated with enlarged liver, when I shall conclude that they are instances of amyloid disease.

Dr. Bruen considered that the passage of large quantities of urine and a history of specific disease, or of prolonged suppuration preceding the kidney trouble, would warrant a diagnosis of amyloid renal disease.

Dr. Musser would ask whether the heart was hypertrophied, and what was Dr. Tyson's experience regarding hypertrophy of that organ in cases of amyloid disease, and of chronic tubal inflam-

mation of the kidneys. If not too late, he would like to call attention to the absence of cardiac hypertrophy, with an infinite degree of obstruction in the renal circulation, in the case Dr. Eskridge had presented. This is in direct opposition to the view held by some that the hypertrophy of the heart is a sequence of the renal obstruction in chronic interstitial nephritis.

Dr. Tyson replied that in this particular instance he did not see the heart, and could not tell whether it was hypertrophied or not. The same law holds good for amyloid kidney as for chronic nephritis; if the case last long enough, hypertrophy is sure to be found sooner or later.

ECCHYMOSES OF THE MUCOUS MEMBRANE OF THE STOMACH.—Presented by Dr. J. M. Barton:

The history of the case was that of chronic lung trouble. The stomach, upon being opened, presented an irregularly-shaped extravasation of blood about two thirds of an inch in diameter. The mucous membrane covering the effusion was healthy, as it was in the rest of its extent.

Dr. Tyson remarked that these effusions are not uncommon, but he had never seen them except in their pin-point form.

Dr. Roberts asked if there had been violent vomiting recently.

Dr. Barton replied that nothing of this sort had been observed for some months prior to death.

Selections.

Treatment of Placenta Previa.—(M. Hofmeier, Berlin): The author's conclusions and methods claim our attention on account of the excellence of his results. His material consisted of forty-six cases, thirty-five of which were delivered in one year, thus offering an excellent chance to judge of a method carried out by one man in so many cases. In judging of his method he first excludes from the forty-six cases three who were so far gone from hemorrhage when he arrived that there was no chance for any treatment. Of the remaining forty-three, in nineteen the location of the placenta was central, in sixteen lateral, and in eight marginal—a very large percentage of *central*.

The usual rule of treatment is to tampon until the cervix is sufficiently dilated. This rule the author opposes. He scarcely ever uses a tampon, and as to the cervix his rule is only to wait till clear symptoms of labor set in, either in uterine contractions or a funnel-shaped dilatation of the cervix. He then proceeds as actively and early as possible. This rule was followed in thirty-seven of the forty-three cases, after poor experience in other methods with the rest. In nineteen cases the cervix was partially dilated, in eighteen either entirely closed or with only a funnel-shaped dilatation. The earlier the operation the more of necessity is the choice limited to the combined external and vaginal version with one or two fingers, the Wigand-Braxton-Hicks method. This was done in thirty cases, the foot was brought down in three breech cases, three times internal version was performed and once the forceps applied. The combined turning was practiced as long as possible, and the hand introduced into the uterus only when absolutely necessary. The feet, having been guided to

the os, are seized, and by firm traction the buttocks effectually stop the hemorrhage. In cases of central position of the placenta, the author, in spite of all the arguments against it, is in favor of perforating the placenta and bringing the feet through. He did it in five cases, in three of which it was necessary on account of haste, and in two of which the child was already dead. It gives the mother the best chance, and the child's chance is by any method in such a case extremely small. The rest of the delivery, the author expressly states, should be *slowly* accomplished. The condition of the child may modify this rule, but even this must not make us increase the mother's risk. "One must have the courage to let a doubtful child's life be lost in his hands, rather than subject the mother to increased danger. The child is to be delivered *slowly*. Even so, the author's results were not bad as regards the children. Of thirty-seven, seventeen were already dead; of the twenty still living, six died (three premature and three from perforation of the placenta). Altogether, sixty-three per cent died and thirty-seven per cent lived, which is up to the usual standard. The statistics of the mothers, however, are much better. The author considers in them not only the immediate result, but the aftercourse of the case. In each case ergotin was given subcutaneously during extraction and the uterus was washed out afterward with a five-per-cent carbol. sol.

Of the thirty-seven patients treated by these rules, *one* died. She had been treated for twenty-four hours by tampon, and the placenta was foul and offensive when the delivery took place, and she died seventeen days after from phlegmon and phlebitis of the thigh. H. believes she would have surely been saved if action had been prompter. This one case, out of thirty-seven, gives a mortality rate of 2.7 per cent, far ahead of any published rate, others having been 10 per cent, 16 per cent, and 40 per cent. After-hemorrhages occurred in some cases, but none which could not be controlled with ergotin, iced and hot-water injections. Of the six cases treated at an earlier date, and by the *waiting* method, one died; two had a long, severe lying-in; four children were dead. Of the whole forty-six cases, therefore, five died—10.8 per cent. The author adds two useful hints as to the location of the placenta. In nearly central location the smaller portion is on the side which is more loosened from the cervix lip. In placenta previa lateralis the proportion in favor of the right side is about 11.4.—*Ibid.*

Plica Polonica.—Dr. Ferdinand Lessing, of Winowa, Minn., relates the following case in the Medical Times of November 4th: Anna T., aged sixteen, went six weeks ago to the country with a lady friend, and, rambling about in the woods, they came to a cold spring and washed their feet in it. Next day A. felt chilly and languid, appetite impaired together with shooting pains through her limbs. A week after, she noticed that when combing her hair she could not pull the comb through as readily as heretofore, and by about a week more her hair was a matted mass. The symptoms of pains in her limbs had increased in proportion, as also a neuralgic pain in head and eyeballs. Two weeks before her death I was called, and found the sufferer in the following condition: She cried from the excruciating pain in limbs and head, the former being in a continuous state of tremor. Extremities cold, tongue clean, pulse sixty-five, appetite gone, insomnia complete,

and menstrual function stopped. I ordered her potassium bromide and chloral, also a tonic consisting of quinia sulph., iron, nux vomica, and arsenic. Gave her also wine and milk-punch *ad libitum*. The trembling of her limbs, as also the pain in head and eyes, had somewhat improved under this treatment in the course of a few days, yet her pulse grew weaker, and on the thirteenth day from the beginning she quietly passed away.

We once went a long distance, to Vienna, to see this disease, and were greatly disappointed to learn from Hebra that there was no such disease. He taught that so-called plica polonica was but an intense eczema occurring in broken-down constitutions, and was usually complicated and aggravated by lice. As to the hairs exuding a gelatinous matter, this is a physical impossibility. The exudation is from the scalp, as Hebra says, and merely clings to the hairs. This case of Dr. Lessings, however, is a rare and curious one, and well worthy of record.

Operation for Hydrocele.—Prof. W. T. Briggs, of Nashville, in a clinical lecture, published in the Nashville Journal of Medicine and Surgery, says on this point: Incision, as practiced originally by Sir Charles Bell, has of late fallen into disrepute, I being the only surgeon I am aware of who adheres to it as preferable to any other procedure. The operation consists of a free incision into the sac, its contents are allowed to flow off, and then place in the bottom of the wound between the walls of tunic a strip of lint. Acute inflammation soon follows. When it reaches the point of suppuration the lint is withdrawn, the walls of the cavity lying in contact adhere by adhesive inflammation and the cavity is thus obliterated. The wound heals by granulation, and the hydrocele is cured. This method is *always* effectual, and if conducted in the proper manner the inflammation is always under control. Prof. Briggs, of Nashville, availed himself of this case to urge the superiority of the operation by incision over any other. It is obvious, had this case been treated by injection, and an irritating fluid thrown into the sac, which was in such close relation with the testicle, disastrous consequences would certainly have followed. Recovery after the operation was a little tedious, but ultimately the patient was discharged entirely cured.

Treatment of Soft Chancres and of Buboec by Salicylic Acid.—1. The efficacy of salicylic acid in the treatment of soft chancres and of buboec appears to us to be unquestionable. While not an absolute specific, it is, in our opinion, capable of being most advantageously employed. 2. Odorless, only slightly painful in its application, soluble in alcohol and in glycerine, and leaving no stain on linen, it is preferable in these important respects to most other agents employed for the cure of the above-named affections, while perhaps inferior in certain other particulars to some among its rivals. 3. It may be resorted to in all cases, both when the sores are large and well-exposed, and when they are sloughing extensively, or are reached with difficulty; and it is equally available in private and in hospital practice. —*Jour. of Cutaneous, Med. and Venereal Diseases.*

Syphilitic Polyuria.—Professor Semmola, of Naples, lately described this symptom in the *Revista de Ciencias Médicas* of Barcelona.



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LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

ANN ARBOR AGAIN.

There is altogether too much investigation going on in the University of Michigan at Ann Arbor. This time it is Dr. Frothingham, the Professor of Ophthalmology. This gentleman is accused of enunciating views in the course of his lectures not in harmony with modern religious belief, and he is at once made the subject of an investigation. This is thoroughly ridiculous. Dr. Frothingham is an accomplished surgeon and anatomist as well as teacher, and doubtless knows best what should be taught in his course of lectures and demonstrations. He is known to be an honest worker and an earnest investigator, and knows better how his branch should be taught than his investigators can possibly determine.

For several years this institution has in one way and another been in a persistent state of investigation and internecine strife. Our friend Major Pendennis would of course attribute this condition to the presence of women in the various departments of the University. Whatever the cause may be, it is damaging to the best interests of the University, and will ultimately manifest these effects. Our medical societies have been flooded with pamphlets and the columns of our northwestern exchanges have been crowded with articles relative to the various charges and countercharges and investigations of the faculty of this University. All this should cease. We imagine that the University is *too much governed*.

Its faculty contains able teachers and writers who are accomplished practitioners and brilliant operators. These teachers should be permitted to discharge their duties to the classes of the University in the manner that is proven to be most instructive and advantageous. They should not be annoyed by investigations at the hands of their colleagues. Faculty quarrels will ultimately destroy the efficiency and prosperity of any educational institution. It is only in harmonious coöperation, keeping constantly in view the best interests of the institution and subordinating individual preference and interest, that a faculty can best advance the prosperity and usefulness of any school, college, or university.

THE LATE PRESIDENT'S PHYSICIANS' BILLS.

The conduct of the congressional authorities relative to the remuneration of the surgeons who attended the late President is not only unjust, but unworthy our great nation and disrespectful to the character and memory of the distinguished patient. The sum of \$35,000 was placed at the disposal of the Board of Audit, with which to discharge the bills of the attending and consulting surgeons and also the persons who occupied the positions of nurses. Drs. D. Hayes Agnew and Frank H. Hamilton each sent in bills for \$25,000 for their services. In presenting this claim, Dr. Hamilton stated that he has no expectation of its payment out of the sum placed at the disposal of the Board by Congress, but it is intended to indicate a minimum compensa-

tion for similar service, involving equal or similar responsibility, rendered a private person who was pecuniarily responsible and who would not be embarrassed by the payment of such a sum. The bill was a specific and detailed statement of the services rendered. Dr. Hamilton protests against the claim of Dr. Bliss that he is entitled to double the fee of any other physician in attendance. Every thing considered, the claims of Drs. Agnew and Hamilton are just, fair, and reasonable. Had such services been rendered to the highest citizen of any other civilized nation, the recognition of those services would have been greater in money with distinguished honor conferred. Were services comparable in responsibility and importance rendered the Government by members of the legal profession, the compensation would have quadrupled the sum asked by Drs. Hamilton and Agnew respectively.

We do not believe after all that Congress is so much to blame in this unjust treatment of our eminent and able confrères. Congress but reflects the public sentiment of the American people, and in this instance its force was directed at Dr. Bliss, whose conduct throughout the entire progress of the case was scandalous and disgusting. It was the misfortune of Drs. Agnew and Hamilton to be associated with such an unworthy member of the profession. The profession can not fail to remember that these gentlemen bore themselves with becoming dignity throughout the trying ordeal to which they were subjected, and thereby maintained the professional prestige so fearfully marred by the conduct of Dr. Bliss. In making a charge commensurate with the value of such services, Drs. Hamilton and Agnew prove themselves worthy the guild of which they are distinguished members.

These remarks would fail their purpose should we omit commendation of the labors and deportment of Drs. Woodward and Barnes in this conspicuous case, which were worthy their high professional position and creditable to the army medical service, for

which they have labored so brilliantly and successfully.

THE ARMY MEDICAL MUSEUM AND LIBRARY.—There is every reason to fear that an effort will be made at the next session of Congress to merge these valuable collections into the general congressional library. This of course will destroy their identity, and remove them from the immediate patronage and protection of the medical service of the army and the profession at large. There is no collection in the world comparable with the Museum in some important particulars, and both the Museum and the Library are the special pride of American medicine. In the last report of Surgeon-General C. H. Crane, he recommends that a fire-proof building be provided for these collections, since the present building is inadequate and unsafe. We urge upon every physician who may read this item to use his influence, through his medical society and through individual effort, to induce his representatives in both houses of Congress to give their aid to carrying out the recommendation of the Surgeon-General. Every physician should unite in a concerted effort in this direction, and success will surely follow.

THE ARCHIVES OF DERMATOLOGY.—This handsome quarterly, so efficiently edited by Dr. Lucius Duncan Bulkley, is discontinued. The editor announces in the last number that for some time the pressure of other professional work has made it difficult to give its management the attention required; and adds, that "the recent appearance of a monthly journal of cutaneous and venereal diseases has seemed to offer a fit occasion for its discontinuance." This leaves the new enterprise of Drs. Piffard and Morrow in full possession of the field. Dr. Bulkley has demonstrated thorough capability for editorial work, and the volumes of the Archives are handsome contributions to American medical literature.

THE SEAT OF WAR.—Our distinguished contemporaries, the Philadelphia Medical Times and the New York Medical Record, are passing some dubious compliments, and engaging in some acrimonious remarks relative to the comparative merits of the two cities as centers of medical teaching. Such controversies, when occurring here in the West, have always elicited uncomplimentary comment from these organs of the profession in the East. Hence there is something of retributive justice in our appeal for peace, and we can assure our brilliant confrères that there is wisdom in amicable and peaceful work. Both plans have been tried here, and we know whereof we speak. Every thing is peaceful in the West, and the large classes assembled at the Rush Medical College in Chicago, at the Medical College of Ohio, and at the University of Louisville attest the good work and fine clinical advantages which are quite equal to those obtained in the Eastern schools. Never was rivalry in the West more amicable, and as a result the leading schools are prosperous. We commend the example to our friends in the East.

THE Archives of Dermatology extracts from the London Practitioner of July last an epitome of Eklund's Researches on the Etiology of Scarlet Fever. It is but due Dr. John A. Octerlony to state that a minute account of these researches of our distinguished Scandinavian confrère was laid before the profession of Kentucky almost a year ago, and may be found in the admirable essay on Scarlatina by that gentleman, published in the American Journal of the Medical Sciences for July, 1882.

DR. E. C. SEGUIN, in company with a friend, has sailed for Europe, and it is hoped that foreign travel will enable him to recover without permanent injury from the shock of the painful domestic calamity recently noted in these columns.

MISCELLANY.

SOME OF THE RELATIONS OF METEOROLOGICAL PHENOMENA TO MAN.—We condense from the able address of Dr. Tripe, President of the Society of Medical Officers of Health, published in the London Medical Journals, the following, italicizing certain sentences: Dr. Tripe stated that it was only at considerable elevations, such as eight thousand feet above the sea-level, that the variations in the pressure of the atmosphere were appreciable. People were then affected with so-called "mountain sickness," which consisted of *malaise*, shortness of breath, palpitation of the heart, and nausea, with more or less giddiness and noises in the ears. Some persons suffered more than others; but nearly all in time became acclimatized. Aëronauts suffered from the same symptoms, showing that great muscular exertion was not the chief cause of the attack. Those who lived on elevated mountain plateaus were observed to breathe more rapidly than those living at a lower elevation; their pulse increased in rapidity; and there was an increase in the evaporation from their skin and lungs, as well as a diminished secretion of urine. It was believed that all these symptoms were *chiefly due to the diminution of oxygen in the air inspired, and consequently in the blood; and also to the imperfect exhalation of carbonic acid from the lungs.* The influence on man, and especially on invalids, of diminished atmospheric pressure, and of a lessened amount of oxygen inhaled, had been much considered; and, while in some cases great benefit had been derived from a residence at high altitudes, in others change of residence had been of little or no use. . . .

Variations in the pressure and temperature of atmosphere exerted a considerable effect on the circulation of air contained in the *soil*, or *ground-air*, which consisted of atmospheric air mixed with *carbonic acid*, *marsh gas*, and occasionally sulphuretted hydrogen. Rain also exerted great influence on the ground-water, and caused a rapid escape of air from the interstices of the soil. It was found that, when the *ground-water was only five feet from the surface, the locality was unhealthy*, and also that a fluctuating level led to ill-health among those residing on the spot. Outbreaks of typhoid fever had frequently occurred after heavy rain succeeding drought, which were believed to have originated from the infectious particles of typhoid excreta being washed into wells

used for drinking. *Damp soil* was thought to be one *cause of phthisis*; and it had been shown that *effective drainage* of the land had caused a considerable diminution in the mortality from this disease. Wind influenced to a great extent all meteorological phenomena, the humidity as well as the temperature of the air depending partly on the wind. Dr. Tripe pointed out that, though much had been written concerning the effects of ozone on man, yet but little was really known about it. It was augmented by violent winds, and was met with chiefly at the seaside, or in country places. There was but little doubt that it exercised an active oxydizing action on the organic matter contained in the air, and was therefore absent in close, confined places where the air contained excess of organic matter.

. . . Dr. Tripe then referred to some papers already published by him on medical meteorology, in which he had stated the conclusions at which he arrived concerning the relations between the mortality from scarlet fever, lung-diseases, diarrhea, and meteorological phenomena. He believed that the *periodical occurrence of epidemics did not depend on meteorological phenomena, but on the number of persons liable to the diseases living in the locality.*

It is difficult to understand how the diminished oxygen inspired and augmented carbonic acid gas unexpired can fail to be injurious under the circumstances alluded to by Dr. Tripe.

DR. HOLMES ON HOMEOPATHY.—In a recent address Prof. Oliver Wendell Holmes says: "Homeopathy has no *status* among the biological sciences, and has nothing of any practical value so far as I know to offer the medical profession. It began by promising to prevent scarlet fever, which it miserably fails to do, and from that day to this it has been a romance of idle promises slipping through the fingers like quicksilver, evaporating without residue like ether from the palm of the hand. If any of these promises had been fulfilled, if any single remedy brought forward by homeopathy had proved trustworthy and efficacious, it would have been thankfully accepted by the medical profession, which welcomes every method of help unless it shows itself with false pretenses, and even then will appropriate any fraction of truth which underlies the deception or delusion. So far as I can take account of the stock, the present assets of homeopathy consist of a pleasing and

sonorous designation, a nomenclature of symptoms, with sets of little phials containing globules, which are the prettiest and most fascinating of amulets arranged to correspond with the nomenclature, a collection of "provings" which prove more about the prover than about the questions to be proved, and a doctrine which slips on or off like a kid glove, according to the company in which the practitioner finds himself."

Beyond the scientific consideration of the absurd claims of homeopathy is the business stand-point which is eminently practical, and to all thinking persons convincing. It is a significant fact that while many intelligent persons are guilty of the folly of amusing themselves with the pellet humbug in slight ailments so-called, no business organization will intrust its moneyed interests in such hands. It is well known that no life insurance company will employ a homeopathic examiner, and in all transactions wherein important business interests are intrusted to the skill of a medical man, the homeopath finds no place. The public services, army, navy, and marine, are also beyond the reach of the so-called homeopathic doctor. These facts are known to the profession, and should be known by the laity.

THE positions on the staff of the Jefferson Medical College Hospital, in Philadelphia, and of instructors at the college, made vacant by the election of Drs. S. W. Gross and Brinton to the chair of surgery, were filled by the Board of Trustees on Wednesday last. After a thorough consideration of the claims of all the candidates, the board selected Dr. Oscar H. Allis and Dr. Joseph Hearn. Dr. Allis has already won his spurs and is known to be an able and growing surgeon. He has been for several years on the staff of the Presbyterian Hospital, where he has done a great deal of valuable work. Dr. Hearn has served as clinical assistant at the Jefferson College Hospital for some years, and is a popular practitioner. These selections reflect great credit upon the Board of Trustees of the college.

SWALLOWING ARTIFICIAL TEETH.—The Lancet reports the swallowing of a set of artificial teeth by a man in an epileptic fit. The denture was expelled per anum within twenty-four hours. After cleaning the plate, the patient placed it in situ, and all was well for nine years, when it again descended and was thirty-one days in passing out.

DR. HENRY DRAPER.—This eminent chemist and astronomer died in New York on the 20th inst., at the age of forty-six years. He was a son of the late Dr. John W. Draper, the eminent chemist and philosophical writer. Dr. Henry Draper followed the path of science which his father trod with such eminent success and distinction. He succeeded to his father's chair in the University of New York after the death of that eminent teacher, but resigned this position in 1873. He wrote a text-book on chemistry in 1864, and contributed much to scientific periodicals on chemical, astronomical and electrical subjects. Dr. Draper, however, attained his greatest distinction by his discovery and demonstration of the existence of oxygen in the sun. He went abroad and demonstrated his theory of the solar spectrum, which is now accepted by scientists every where. In recognition of his eminent abilities as a scientist and astronomer, the Congress of the United States ordered for him a gold medal, which was struck at the Philadelphia mint, and bears the inscription: "He adds luster to ancestral glory." He died at the early age of forty-six, of pleuro-pneumonia, following a severe cold contracted during a recent visit to the Rocky Mountains. Most truly may it be said, "He added luster to ancestral glory."

THE MEDICAL PROFESSION AND MEDICAL EDUCATION IN EUROPE.—Dr. Geo. M. Beard, of New York, says the best system of education in Europe, including both preliminary and medical, is found in Germany. The German physicians are the best educated in the world, both in general and special training. Next to Germany is France, where, as in Germany, it is impossible to get a medical degree without a more or less thorough preliminary education. In Great Britain less preliminary education is required for medical students than in any other of the great nations. The special defects in the English system are, in addition to the deficient preliminary education, first, too little instruction; second, too much examination. Outside of a small circle of German-taught experts the medical literature and the medical practice of England is from five to fifteen years behind Germany and America.

All the same, the English are immeasurably the best practitioners in Europe. "But these continental fellows are great on diagnosis," says an English doctor to an American doctor, as represented in Punch. "Yes,

very true," says the American, "but they usually verify their diagnosis by a post-mortem."

A LETTER FROM GENERAL WASHINGTON TO DR. JAMES CRAIK.—[Medical News.]

MOUNT VERNON, 4 August, 1788.

DEAR SIR: With this letter you will receive the horse I promised you, and which I now beg your acceptance of. He is not in such good order as I could wish, but as good as my means would place him.

I also send you thirty pounds cash for one year's allowance for the schooling of your son, G. W. I wish it was in my power to send the like sum for the other year, which is now about or near due, and that, could discharge your amount for attendance and ministrations to the sick of my family, but it really is not, for with much truth I can say, I never felt the want of money so sensibly since I was a boy of fifteen years old, as I have done for the last twelve months and probably shall do for twelve months to come. Sincerely and affectionately,

I am yours, etc.,

GEO. WASHINGTON.

GLYCERIN AND GLUE.—A German chemist named Puscher, of Nuremberg, reports that he has met with great success in using glycerin with glue. Generally, after the drying of glue, the thing to which it is applied is liable to break, tear, or spring off; but, if a quantity of glycerin equal to a quarter of the quantity of glue be mixed together, that defect will disappear. He says also, that glycerin will blot out pencil-marks from paper so as to leave no mark whatever, and a paste made of starch, glycerin, and gypsum will maintain its plasticity and adhesiveness longer than any other cement, and he therefore recommends it for cementing chemical instruments and apparatus used by pharmacists.—*Boston Jour. of Chem.*

DR. H. C. WOOD, of Philadelphia, says of his fellow-citizen, Dr. D. G. Brinton: "Fate seems to come a long way to meet some victims. Mr. S. R. Aitken, of Colombo, Ceylon, was recently killed by a prescription for tape-worm taken from the seventh edition of 'Medical Therapeutics,' by George A. Napheys, M. D., edited by Dr. D. G. Brinton. The number of deaths indirectly produced by the half-culture and routine practice encouraged by such books finds no record."

A PLEASANT PREVENTIVE OF PROFESSIONAL ANIMOSITIES.—Dr. E. Hart Vinen, President-elect of the West London Medico-Chirurgical Society, in his address to that society says: "No remedy is so effectual for healing professional animosities as frequent intercommunication; and, if I were asked to prescribe a panacea for their prevention, I should recommend an occasional dinner at the Star and Garter. Some may think this view of the matter savors too much of the sensual, but the periodical recurrence of such a reunion would, perhaps, be more productive of good results than the strictest code of medical ethics."

RECKLESS MIDWIFERY.—A horrible death has occurred at the village of Eye, near Petersborough. A woman was attended in her labor by two neighbors, one of whom professed to be a midwife, the other a nurse. She was delivered shortly after midnight, on Saturday last, of a living child; and when Mr. Beecroft, a retired surgeon living close by, was called in soon after delivery, he found the unfortunate woman dead, with her uterus, one ovary, and fallopian tube lying in the bed beside her, these parts having been actually torn or cut away by the women in attendance.—*British Medical Journal*.

TOBACCO-CHEWING BOYS TAKE WARNING.—**UNDEVELOPED TESTES ASSOCIATED WITH EARLY TOBACCO CHEWING.**—Mr. R. Clement Lucas, Senior Assistant Surgeon to Guy's Hospital, reports a case in the *British Medical Journal* of this sad condition which he confidently attributes to tobacco chewing. His condition is thus delineated: "His penis was small, and the prepuce rather long. The testicles were remarkably small, neither being larger than a French bean, or, perhaps, what more nearly expresses their size and shape, no larger than the testes of a rabbit."

STATE BOARDS OF HEALTH.—Among the nine States which are without State Boards of Health are the large, enterprising, and prosperous Commonwealths of Pennsylvania, Ohio, and Missouri. It is a significant fact that the medical profession in these States is making no effort to secure the enactment of laws creating such boards. Doubtless the utter inefficiency of some of the State Boards explains the apparent indifference of the profession in this respect in the States now without these organizations.

THE Code of Ethics, like other just laws, possesses no terrors for the upright. The observance of its provisions is purely voluntary, and its requirements are strictly in accord with the instinctive feelings of every conscientious and honorable man. The Code is only obnoxious to those who seek to retain respectable association, and while reaping the benefits of that association are guilty of the ordinary disreputable practices of empirics.—*Atlanta Medical Register*.

ELOQUENCE IN SCIENCE AND ART.—Dr. Herbert Watney, of London, says: "Science is not liked by some, because it makes so little of the individual opinion, and treats so lightly that power which some men have of enforcing their views and persuading their fellow-men. In politics and in art we see the immense influence of the individual—how his word is taken almost as law; yet the habit of accepting without question what is told us has been the most fatal stumbling-block to the advance of medicine."

A NEW LITANY.—District Visitor: "Your boy looks very bad, Mrs. Jones; what's the matter?" Mrs. Jones: "Yes, ma'am, he be very bad; and, what's more, the doctor has made him worse. I'm sure we poor people ought to pray with all our heart, 'From all false doctorin', good Lord deliver us.' I never saw its meaning afore."—*Medical Times and Gazette*.

MALARIA.—A. O. Rawl, D. D. S., in the *Southern Dental Journal*, says that, in localities where malaria infects the atmosphere six or nine months in the year, the teeth of the negroes suffer as do the whites through the systemic effects of this poison, though the former are less so affected than the latter by malarial poison.

BLACK ANTS ANTISCORBUTIC FOOD.—Dr. E. F. Brush writes in *N. Y. Med. Record*: "Scurvy frequently attacks the lumbermen of Maine, and they use black ants as the remedy when suffering from the disease."

THE first successful ovariectomy in Bellevue Hospital was performed by Dr. W. Gill Wylie recently.

"God and the doctor we alike adore,
When sickness comes, but not before.
 danger past, both are like requited,
God is forgotten, and the doctor slighted."

Original.

ON THE MICROBE OF TYPHOID FEVER.

A Translation*

BY JOHN A. OCTERLONY, M.D.,

Professor of Materia Medica, Therapeutics, and Clinical Medicine in the University of Louisville.

During the last eight months the author has been assiduously engaged in researches relating to the presence of a microbe in the living blood of typhoid fever. These researches were made upon a considerable number of preparations of normal and pathological blood before coagulation had occurred. After coagulation one often finds formations in the blood which perfectly resemble microbes, little rods of two or three segments or in the form of a chain. These formations probably consist of torn threads of fibrin. The methods used for the detection of microbes were always those of Weigert and of Koch. The method of coloring dried preparations was by means of aniline.

In the blood of persons suffering from typhoid fever there is often found a microbe, very small, and in very small numbers. It has the appearance of a small cylindrical rod, short (1.5 microm.) and fine; the extremities refract the light more strongly than the middle, which seems more transparent. This is probably the same organism which MM. Béhier and Vulpian discovered in 1873.

Still more rarely are seen in typhoid blood other formations of short protoplasmic threads or ovoid grains. On rare occasions Dr. A. has established the presence of an enormous mass of microbes, but only for one or two days during the entire course of the disease.

There is no certainty of finding a larger number of microbes in severe cases than in abortive cases, in which latter class even he discovered a considerable number of them.

The microbe is most frequently encountered during the second and third week. He believes the pathogenic microbe must be sought at the bedside; there it is found in the patient's blood in the most pure state.

In order to obtain accurate results it is necessary to have perfectly pure seed for cultivation, or in inoculating animals. Authors have too much neglected researches of this kind. The microbe of the disease has been sought in the excreta, in the cadaver, in the soil, instead of commencing the search at the bedside.

It takes a good deal of time and trouble to find a sufficient number of the microbes of typhoid fever to serve for purposes of cultivation and inoculation.

It is well worth the trouble, however, for having once made the collection one does not have to wait long for results. In some infectious diseases the microbes are very easy to find, and soon it will be possible to determine the very day they are most abundant.

It was to be presumed that pathogenic microbes can be cultivated to perfection in normal blood, especially in the blood of an individual who has never been affected with the disease in question. It is now a well-established fact that normal blood is a fluid most favorable for the culture of the microbe of typhoid fever. Dr. A. cultivated this microbe, taken on the eleventh day from one of his own cases, in a drop inclosed between two glasses one of which was concave. Thus he observed day by day the development of the micro-organism for three months. From this drop was produced a series of generations. With the microbe of the second generation he was able to successfully inoculate a dog. The result was quite interesting. The animal was hardly sick at all, but on the fifteenth day Peyer's patches were found swollen, and contained characteristic microbes. Although his researches have not yet reached completion, they seem to justify him in expressing the following opinions:

The microbe of typhoid fever is only accidentally present in the blood. It exists principally in the wall of the intestine, and ordinarily enters the blood only in small numbers. It is presumed that if more are found they are thrombi of microbes which having been detached from their places, circulate in the blood, and are broken up.

Six forms of the microbe are known at present:

1. Little rods found in the blood.
2. Very fine delicate threads, which the author has sometimes seen projecting from the above, the rod being then the spore of the micro-organism.
3. A mycelium so fine that the filamen of the genus *baccillus* are veritable giants comparison with it. Under culture the form is found both in the blood and in the intestine. It is probably the body which Mr. Klebs has also discovered.
4. Zoögleæ of very fine granules, very distinct and of uniform size, often in intimate relation with the fine threads already

described. They have been found in the intestines, and under culture, and have been described by Klebs, Klein, and others.

5. Irregular masses of granules. These granules vary in size. They are ovoid, of indistinct contour. They have been perfectly described by M. Eberth, and have also been observed by other authors.

6. *Protoplasmic masses*, more or less granular. They form very abundantly in blood under cultivation, and develop round or ovoid granules. Red blood-cells may be found for months inclosed in these masses. It may have been this form which M. Eichhorst observed in living blood, and perhaps some of the large cell formations found in the viscera may belong to it.

The microbe of typhoid can no longer be classed as of the genus bacillus, micrococcus, or bacterium. Dr. A. considers the following to be the successive phases of its development: The spore throws out a filament. Several filaments form either a network of filaments—a mycelium—or thick bundles of filaments—a filamentous zoöglea.

If spores develop in the filaments, the filamentous zoöglea may become transformed into a finely granular zoöglea.

The details of the mode of formation and development of the protoplasmic masses and of the granular masses the author has not yet been able to determine.

Reviews.

On Slight Ailments: THEIR NATURE AND TREATMENT. By LIONEL S. BEALE, M.B.F.R.S. Second edition, enlarged and illustrated. Philadelphia: P. Blakiston, Son & Co. Pp. 276.

It can be safely said, we think, that there are few practitioners of much experience who have not met, either in their own practice or in that of others, with cases of "slight ailments" which have given their full share of trouble and worry; and that these ailments have not been accorded the importance they generally deserve by the practitioner is apparent from the fact that this book has reached its second edition. The scriptural injunction against despising small things is nowhere more worthy of observance than in the treatment of disease, for the minor ills of the flesh, like the trifles of life, not only make existence often wearisome, but may, if unrelieved, terminate in graver lesions. Slight ailments, like the poor, we have with us always, and Dr.

Beale has given much useful information in the volume before us concerning their nature and treatment. We doubt, however, if all, particularly the subjects of them, will agree with his classification of some of the diseases enumerated as "slight," notably sick-headache and neuralgia. The chapter on "Quackery and Medical Humbug" is specially commended; but the reader will find it difficult to reconcile the author's able exposition of and protest against these monstrous evils with his recommendation on page 152, "to give the patent medicine chlorodyme." We believe, however, that our English brethren are rather lax in their discrimination of published formulæ and nostrums. The articles on "Indigestion and Constipation" contain many valuable hints of a practical character, and the same can be said of the one on "The Actual Changes in Fever and Inflammation." Deserved prominence is given to the mineral acids in certain dyspeptic troubles, and much of value and interest is said of "Pepine and its uses." In the "Constipation of Literary Persons" the author takes a tilt at the critics, and asserts that "many a severe article would never have seen the light if the glands of the critic's lower bowel had been in good order at the time." He is strongly in favor of warm clothing, and advocates the wearing of flannel next the skin in all seasons. Though presenting nothing new it is a serviceable book, and may be read with profit by the intelligent layman as well as the practitioner. It is written in an agreeable and impressive style, and its author is one of the masters of our art. G. T. E.

The Physician's Visiting List and Diary for 1883. Louisville: Geo. H. Deitz & Co.

We have received from the publishers, Messrs. Geo. H. Deitz & Co., of this city, a very handsome visiting list with the above title. It is stated in the preface that the text is limited to those subjects of essential importance which an emergency may at any moment demand. We are glad to see that the long and bulky list of medicines, with their doses, is omitted from this book. Such text is bulky and useless to a physician, and adds unnecessarily to his breast-pocket. The notes on poisons and their antidotes, and on emergencies and their treatment, are concise, accurate, and up to the most modern knowledge. The schedule of fees of the

College of Physicians of Louisville is given, which is valuable to physicians as a fair basis for estimating medical services. The visiting list is arranged for thirty patients each week, and furnishes space for clinical notes and memoranda. The obstetric record and register of births is conveniently provided. The paper is of very superior character; no advertisements mar the fly-leaves, and the binding is more elegant than that of any visiting list we have seen. The book is a model of neat and tasteful work, and is the most complete and handsome of the several visiting lists offered the profession. It is of convenient size for the pocket, and furnishes a daily record of professional work, which every practitioner should keep, transfer to his ledger, and file away at the end of the year. The publishers announce the price, one dollar and fifty cents, on receipt of which they will forward the book to any address.

Books and Pamphlets.

WE are pleased to welcome to our list of exchanges the Indiana Medical Journal, number 5 of the first volume having just reached this office. It is a semi-monthly, edited by Dr. Frank C. Ferguson, with the aid of Dr. J. H. Oliver. It exhibits taste, energy, and ability in its editorial make-up, and we wish it every success.

A HITHERTO UNDESCRIBED LESION OF THE KNEE-JOINT. By Frederick D. Lente, A.M., M.D., reprinted from the Medical Gazette for July 1, 1882.

THE AMERICAN JOURNAL OF PHYSIOLOGY. Edited by D. H. Fernandes, M.D., Indianapolis, Ind.

A PHYSICAL ANALYSIS OF A LEGALLY SANE CHARACTER. By C. H. Hughes, M.D., St. Louis. Reprint from the Alienist and Neurologist, October, 1882.

HISTORY OF THE O. Z. FAMILY: An illustration of Rapid Neuropathic degeneracy. By C. H. Hughes, M.D., St. Louis. Reprint from the Alienist and Neurologist for October, 1882.

MEDICAL ELECTRICITY: A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D., etc. Second edition, enlarged and improved, with one hundred and nine illustrations. Philadelphia: Henry C. Lea's Son & Co. 1882. For sale by John P. Morton & Co., Louisville.

THE DISEASES OF THE LIVER: With and without Jaundice, with the special Application of Physiological Chemistry to their Treatment. By Geo. Harley, M.D., F.R.S. Illustrated. Philadelphia: P. Blakiston, Son & Co. 1883. Received through John P. Morton & Co., Louisville.

Selections.

On the Influence of Bacilli in the Production of Disease —By Professor J. Cossar Ewart, M.D., Professor of Natural History in the University of Edinburgh (British Med. Journal). About the end of March of this year, a new form of fever made its appearance in Aberdeen. The fever began with the usual symptoms; there was a well marked rigor; then a sensation of coldness for some hours, accompanied with great depression; the pulse was rapid, and the temperature increased in some cases to 105° Fahr. In the worst cases there was delirium. One of the most characteristic symptoms was an affection of the deep cervical glands near the angle of the jaw; the glands enlarged; there was a feeling of fullness about the throat, congestion of the tonsils, and pain along the course of the lymphatics of the side of the neck affected. In from twenty-four to forty-eight hours the fever subsided, leaving the patient in a state of great exhaustion. In most cases there was a relapse, which corresponded exactly with the first attack, with the difference that another set of glands and lymphatics were affected. After this relapse there was again apparent recovery, and then a second relapse; in some cases there were as many as six relapses, occurring regularly every second day. In nearly all the cases recovery was slow, and, in some, abscesses formed near the angle of the jaw and in the region of the joints. In three cases the disease proved fatal. When an inquiry was instituted it was found that over three hundred individuals had suffered from this disease, and that all the sufferers had been using milk from the same dairy. A sample of milk secured for examination when the epidemic was at its height was found to contain numerous micrococci, spores of fungi and spores which resembled those of *Bacillus anthracis*, the organism which is associated with splenic fever. When cultivated the spores germinated, first into exceedingly delicate bacilli, and then into spore-bearing filaments. On inoculating rats with the milk containing the spores death followed in from eighteen to twenty-four hours. The tissues of the rats, especially in the region of the neck, were infiltrated with bacilli, which, on cultivation, developed into spore-bearing filaments. Inoculation proved both bacilli and spores to be as virulent as the original spores found in the milk. Confirmatory evidence of the relation of the bacillus to the disease, and of the disease to the bacillus, was obtained by the examination of pus from an abscess over the angle of the jaw of one of the sufferers. This pus contained spores and bacilli similar to those found in, or developed from, the milk. Rats inoculated with a minimal quantity of the pus suffered and died in the same way as the rats infected with the milk and the milk cultivations. Further investigations proved that these organisms had been added to the milk along with water. The water used at the dairy previously to the epidemic passed through a large concrete cistern (provided with a rough loose wooden cover) placed in the corner of the large byre immediately over the heads of several cows. The spores reached the byre along with the steamed hay used for food, and from the byre they had easy access into the cistern; how they reached the tank in which the hay was steamed has not yet been discovered. Experiments after the methods employed by Burdon Sanderson, Pasteur, Greenfield, and Buchner, showed (1) that this bacillus could not be converted into the hay-bacillus (*B. subtilis*); (2) that

the cultivations became gradually less active until they were quite innocuous; (3) that, when the filaments were kept for a time at a temperature which prevented the appearance of the spores, the virulence became attenuated and ultimately disappeared. Further experiments may show that the attenuated forms are capable of affording protection from the active forms.

In conclusion it was mentioned that the bacillus could be cultivated on the fresh-cut surfaces of potatoes and in gelatine—the recent methods described by Koch.

Ovariectomy.—One hundred consecutive cases of ovariectomy, performed without any of the Listerian details, are reported in the Brit. Med. Jour. of Oct. 28th, by Lawson Tait, F.R.C.S., Eng. Of this hundred only three died; and of these, one was fatal by accidental suffocation—so that it hardly ought to be reckoned in the mortality of the operation. Of the patients, six were pregnant at the time of the operation; and in one of these there was the additional complication of acute peritonitis. All of these patients recovered, and have *had their children* since, with one exception; she miscarried on the second day after the operation, and then made an easy recovery. Four of the patients suffered at the time of the operation from acute peritonitis, and all recovered. One of these was also pregnant. She carried her child to the full term, and is now in perfect health. In two cases the disease was solid fibroma of the left ovary. Both specimens are in the museum of the College of Surgeons. In ninety-eight cases the disease was cystoma. Of these, the tumors in eleven cases were parovarian, and the ovaries and tubes of the corresponding sides were left intact, so that the operation was not ovariectomy at all. But Mr. Spencer Wells has included these cases in his list; and, for purposes of contrast with him, every body else must do the same. It is a grievous mistake, however, and will have to be rectified.

Mr. Tait continues, I have already estimated that parovarian cysts constitute about ten per cent of such operations, and the present series shows that I am pretty nearly right. If so, then Mr. Wells has not yet completed his "thousand cases of ovariectomy:" for over a hundred of them were probably parovarian cysts, in which healthy ovaries were unnecessarily removed. In thirty-three of the patients the left ovary was the seat of the disease; and in twenty-eight the right gland was affected. Of these sixty-one cases of removal of one ovary, there were three deaths; whilst in twenty-seven cases, in which both ovaries were removed, there was nothing but uniform recovery. This demonstrates clearly that Mr. Spencer Wells's conclusion, that removal of both ovaries is more fatal than removal of one, is quite mistaken; and that the fatality can only be explained by the use of the clamp, which might reasonably be expected to have a heavier mortality when used for two pedicles than when used for one. In more than half of the cases (fifty-three), there were serious adhesions; but it has not been found that adhesions of any kind add in any way to the mortality. In the three fatal cases, there were no adhesions at all in two, and only slight parietal union in the third. In seventeen of the cases the tumors were almost sessile; and in one so completely was this the case that I do not know yet whether the tumor was ovarian or not, but, from its texture, I concluded that it must be. The increased success in this series is to be attributed chiefly

to: 1. The total abandonment of the clamp (Mr. Spencer Wells's) treatment of the pedicle; 2. The adoption of Keith's method of cleansing the peritoneum; 3. The adoption of Kœberlé's and Keith's method of cleansing the peritoneum; 4. Increased personal experience; 5. Diminished proportion of cases which had been frequently tapped; 6. The complete abandonment of the use of carbolic acid, or any other (so-called) antiseptic system, in the performance of the operation and in the subsequent treatment; and 7. The establishment of hospital discipline and hygiene on the best known principles, for private as well as for public patients.

Clinical Characters of Tubercle in Bone.—These most interesting and valuable observations we take from an article by Mr. Wm. Scovell Savory, F.R.C.S., in the Lancet: It is curious, on reflection, to see how many striking points of analogy there are between the progress and effects of tubercle in lung and in bone. In the first place the cancellous texture of bone, which is the seat of tubercle, resembles broadly in physical characters the parenchyma of lung. A section of cancellous bone and a section of dried lung have to the naked eye a very general resemblance. The structure of both is aptly described as sponge-like, and this resemblance is drawn more closely when a mass of yellow tubercle occupies the substance of each. In both cases the spongy texture appears to be filled up and rendered solid by the infiltration of the caseous deposit. Then, too, the resemblance further appears in the halo of inflammation or increased vascularity of varying width which so often surrounds the mass. Still further is the likeness shown in the mode in which the tubercle degenerates. The included tissue is broken down and destroyed until, either by the escape or disappearance of the tubercle, a cavity is left in the cancellous bone corresponding very remarkably to a vomica in the lung. Furthermore, the likeness is extended by the relation of cancellous bone to a neighboring joint and the relation of lung substance to the pleura. Just as pleurisy is so often set up by this disturbance of tubercle in the lung, so synovitis is often provoked by the disturbance of tubercle in adjacent bone; and just as empyema is sometimes produced by the perforation of the lung-wall and the escape of matter into the pleural cavity, so suppuration in a joint, which is too often destructive, is due to the perforation of the articular wall of bone and the escape of matter into the synovial cavity. In either case urgent symptoms are apt to supervene suddenly on comparatively latent mischief.

Then the variable progress and effect of tubercle in the lung are oftentimes repeated with singular resemblance in bone. Just as in lung, so in bone, the history of tubercle is sometimes that of a single formation which passes steadily, with more or less rapidity, to destruction; sometimes that of several smaller ones simultaneously; sometimes, though this more rarely, that of a number of successive formations which pass through their stages one after another, leading in this way to a gradually extending destruction of osseous tissue. So, again, and in this I think the resemblance is most marked of all, there are in tubercle in bone phenomena very exactly corresponding to what Dr. Latham in the lung, and in the cervical glands as a more obvious illustration, has described as cases of mixed and unmixed phthisis. In one class, during the changes which tubercle after its formation is prone to undergo, there is

only what may be called a necessary amount of inflammation excited in the surrounding texture, such as is just sufficient to accomplish the result of softening and expulsion, and which subsides as soon as that is effected. This Dr. Latham called the specific limit of the disease. In another class the inflammation provoked spreads widely and deeply beyond this, and becomes much more severe and extensive than is needful for the mere elimination of the tuberculous matter. In short, Dr. Latham's sketch might have been drawn from a study of tubercle in the head of the femur or tibia or in the tarsus or vertebræ.

A Case of Complete Inversion of the Uterus.

Mr. Wherry (British Medical Journal): A woman was delivered of a healthy male child, born rather suddenly, and with a short, thick cord. She was given twenty minims of liquid extract of ergot after delivery; a pain followed, and the inverted uterus, with the placenta adherent, protruded from the vagina. There was not much hemorrhage. The medical attendant detached the placenta and endeavored to replace the uterus by his hand, but he was obliged to desist owing to the great softness of the uterine walls and the collapsed condition of the patient. Two days later, when called in, Mr. Wherry found the uterus completely inverted, and the patient, a thin, feeble, and small woman, with a roomy pelvis, in great pain. Ether was administered, but it was impossible, owing to the doughy softness of the fundus, to replace the uterus with the unaided hand. Accordingly a large rubber drainage-tube was blown up to about the size of an egg at one end and ligatured. The hand, in the form of a cone, was passed into the vagina, and the finger-tips pressed against the air-pad were in no danger of lacerating the walls of the uterus. Half an hour's pressure, first with one hand and then with the other, against the most prominent part of the fundus at length reduced the uterus, leaving the dilated tube in the cavity. The string was then cut and the collapsed tube withdrawn. The replacement was gradual, and, as in the reduction of a paraphimosis, was evidently effected by squeezing fluid out of the edematous tissues of the uterus. The patient made an excellent recovery. Mr. Wherry remarks that, in recent and all chronic cases where the uterine walls were soft, he should strongly advocate the use of such an air-cushion as he described. This principle of treatment was first suggested by Dr. Tyler Smith, and Dr. Atthill had described his horror at finding his unprotected fingers go through the uterus into the peritoneal cavity. It makes a great difference whether the uterus has undergone involution. In chronic cases, with a small uterus, a good repository, such as White's or Aveling's, can be used. The inversion was produced by a combination of causes; first, the birth of a child with a short cord pulling on a placenta adherent to the fundus; and, second, the contractions artificially induced by the dose of ergot tending to expel the fundus and placenta.

Intrauterine Vaccination and the Vaccination of New-born Children.—(Dr. Behm, Berlin, in *Zeits. f. Geburtsh. u. Gynäk.*): Since Spitz and Albrecht have shown that the spores of intermittens may enter the fetal circulation, the placental membrane can no longer be regarded as a perfect filter for organized contagions, but its effects in this direction must be studied in regard to each individual virus. In regard to the possibility of the vaccine virus

being transmitted from mother to child, opinions have been much divided. Bollinger, especially, has claimed that "in the majority of cases" a successful vaccination of the mother renders the child immune. The author analyzes his proofs and finds them insufficient. Burckhardt, Gast, and others, came to the conclusion that this was only *rarely* the case.

The author has made a series of very carefully-conducted experiments which we may summarize as follows: Forty-seven women were vaccinated by the sub-epidermoidal method, the subcutaneous or intravenous not being considered reliable. The children of thirty-three of these, in twenty-nine of whom the vaccination was successful, were also vaccinated. Of these thirty-three, twenty-two were in the tenth month, ten in the ninth, and one in the eighth month of pregnancy. The author argues, from analogies with variola, that vaccination up to three weeks before confinement should have as much effect as when done earlier. Of the thirty-three children, twenty-five were successfully, and eight unsuccessfully vaccinated. Of these eight, in six cases the lymph was shown by control to be poor, while the other two cases seemed to surely be examples in which the vaccination of the mother had extended its protecting influence to the child. In some cases the mothers had from ten to twelve well-developed pustules, and the children, when vaccinated, the same number. This seems to show that intrauterine vaccination is possible, but rare.

Two other interesting questions arise: Has vaccination any bad effects; first, on a pregnant woman, and second, on a new-born infant? The first is to be answered by a decided no; and, when we consider the dangers both to mother and child from variola, the necessity of the protection is seen. In regard to the second, the author strongly recommends the vaccination of children a few days after birth instead of at the end of a year. When we consider the danger of variola to which infants may be exposed this is important. The author claims:

1. That there is at this period no febrile reaction.
2. That there is very slight sensitiveness to pain.
3. That nourishment on the breast renders the disturbance of digestion less likely than later, after weaning.
4. The period of dentition is avoided.
5. The children are earlier protected from variola.

His conclusions, therefore, are, that intrauterine vaccination is possible, but rare; that pregnant women should be vaccinated as early as possible, and that it is better to vaccinate children soon after birth than later.—*Am. Jour. of Obstetrics.*

Febris Complicata.—The British Medical Journal's special report from the Egyptian expedition says: Any one who has been at Netley and seen the "rock" or "Mediterranean fever," "remittent fever," or "febris complicata" of Veale, will not fail to see the similarity that this fever has to it; and yet it is not the same. It seems a mixture of several types, based on a few prominent symptoms common to all, and must be the result of several poisons developing several forms of disease, varying as the quantity and quality of the poison varies, and the constitution of the system that is called upon to withstand the onslaught.

A successful case of nerve-stretching in sciatica is reported by Randolph Winslow, M. D., in the Maryland Medical Journal.

On a New Method of Amputation of the Upper Extremity.—At a meeting of the Académie des Sciences, M. Josselin presented a note by M. Desprès, on a new method of amputation of the upper extremity (*Brit. Med. Journal*). For a case of osteosarcoma of the scapula, M. Desprès performed with success "amputation of the shoulder," that is, entire removal of the arm, scapula, and part of the clavicle. His method was as follows: 1. He tied the subclavian artery, external to the scalenus muscle, by a double ligature, to avoid secondary hemorrhage. 2. He made an incision *en raquette*, commencing at the center of the space separating the eminence of the spine of the vertebræ, at the internal border of the scapula, and at a level with its spine, and following its dorsum, turning round the salient portion of the shoulder and passing under the axilla as far as its center, and afterward rejoining the original incision at its starting point. 3. He dissected a superior flap without interfering with the incision for the ligature of the vessel. 4. He divided the clavicle as near as possible to its middle. 5. He tied the axillary vein. 6. The scapula was detached after division of the pectoralis minor and dorsi latissimus, and then dividing the muscles inserted into the scapula. The supra-scapular artery should be tied if necessary, and the wound brought together by sutures. The dangers of this operation consist in (1) the loss of venous blood; (2) the possibility of the entrance of air into the axillary vein; but they are not necessarily mortal. One complication occurred; the extremity of the clavicle perforated the skin; but M. Desprès thinks that it is better to have such a condition than to remove the entire collar-bone, and that this portion of the clavicle preserved covers in the superior aspect of the thoracic. The operation, he thinks, is of value in cancer of the scapula, and less formidable than removal of the scapula, leaving the arm, and may be well applied to cases of white-swelling of the shoulder involving the scapula. It would seem very practicable in patients below twenty-eight years of age.

Discussion on the Treatment of Acute Rheumatism.—(West Somerset Medical Society). Some members had no faith in specifics, and based their practice on the expectant plan. Keeping their patients warm, and trusting to time and the *vis medicatrix*; but a large majority of speakers expressed their decided faith in salicylate of soda, given at first in large doses of fifteen or twenty grains every two or three hours, and, as relief followed, reducing the quantity to be daily administered, but so as not to abandon its use for several weeks. As regards blistering joints, the practice was generally condemned; but blistering for cardiac affections was equally approved by a number of speakers. A Mr. Cornwall advocated the use of benzoate of soda, given in doses of from ten to twenty grains every four hours.—*British Medical Journal*.

Typhoid Fever and Milk Supply.—An outbreak of enteric fever has occurred at Grangemont, which, there was good reason to believe, was closely connected with milk supply, as the cases occurred in families supplied by milk from a house in which there was a case of enteric fever.

Prevention of Typhoid.—Experience has shown that in this country most, if not all, outbreaks of enteric fever are caused and intensified by pollution of the water supply.—*British Medical Journal*.

Nephrectomy.—Seventy-six cases of extirpation of the kidney are reported by Leopold and Kroner; of these, in thirty-eight the kidney was removed by laparotomy, with twenty-two deaths and fifteen recoveries, in one the result being uncertain (*Medical Times and Gazette*). In thirty-eight the lumbar incision was used, with thirteen deaths and twenty-four recoveries; in one of these, also, information as to the result being defective. The conditions for which these thirty-four more recent operations were done were the following: By laparotomy: hydronephrosis, one case, cured; sarcoma, one, died; adenoma, one, died; encephaloid, one, result not stated (an American case); movable kidney, seven, four deaths, three recoveries; pyonephrosis of horseshoe kidney, one, died; removed with an ovarian tumor, one, died. It is difficult to see how the removal of a horseshoe kidney, even though affected with pyonephrosis, could be justifiable. By lumbar incision: movable kidney, one, recovered; perinephritic abscess, two, both recovered; ureto-abdominal fistula, one, died; ureto-uterine fistula, one, recovered; sarcoma, three, two of which recovered, one died; hydronephrosis, one, died, the other kidney being afterwards found to be atrophic; pyonephrosis, pyelitis, calculous pyelitis, traumatic abscess of kidney, eight, five of which recovered, three died; cancer of the uterus, one, died.

On the Use of the Oil of Wintergreen as an Efficient Salicylate in Acute Rheumatism.—The Medical Record of Nov. 4th contains an article on this subject by Francis P. Kinnicutt, M.D. This is like going back to the bulky bark of days gone by, when we have its power concentrated in quinia, since our best salicylic acid is made from wintergreen. It has been claimed by English writers that this preparation of salicylic acid is the only safe one to use. The following are Dr. Kinnicutt's conclusions:

1. That in the oil of wintergreen we possess a most efficient salicylate in the treatment of acute rheumatism.
2. That in its efficiency in controlling the pyrexia, the joint-pains, and the disease, it *at least* ranks with any of the salicyl compounds.
3. That the best method of its administration is in frequently repeated doses, continued in diminished doses throughout convalescence.
4. That its use possesses the advantages of being unattended with the occasional toxic effects, the frequent gastric disturbance produced by the acid or its sodium salt, even when prepared from the oil of wintergreen; that its agreeable taste and finally its comparative cheapness are further recommendations in favor of its employment.

Ophthalmic Aphorisms.—Dr. J. J. Chisholm, of Baltimore, an eminent ophthalmologist, says: Do not blister; do not use nitrate of silver; do not prescribe sugar of lead; always use weak solutions of the mineral and vegetable astringents; sulphate of atropia, from one to four grains to the ounce of rosewater, is an essential eye-drop in the treatment of acute iritis to break newly formed adhesions; eserine in solution of one grain to the ounce of water is the remedy for purely corneal lesions.

Hooping-Cough in a Patient Over Eighty.—A case of this kind in a lady is recorded in the *British Medical Journal*.



THE LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNÂ*."

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LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

THE PROPOSED JOURNAL.

The proposition to establish a journal by the American Medical Association has elicited the cordial approval of the medical press of the United States, the members of the association, and the profession at large. The establishment of a journal which would furnish a quick and prompt means of diffusing the results of the scientific work of the association throughout the profession, and at the same time be a first-class medical periodical, has long been urged by the medical press and those most interested in the prosperity and usefulness of the association. The enterprise has been under advisement for several years, and has been wisely and cautiously moulded in plan and method by a most excellent committee. Since the appointment of the Board of Trustees in June last, a circular has been issued to the profession, and a sufficient number of physicians have pledged their support to the enterprise to justify the board in preparing for the issue of the journal immediately after the next meeting of the association. With the patronage of the association, with the papers and discussions which will be contributed exclusively to its columns, with the national character and scope which will distinguish it, the journal of the association will occupy a field hitherto vacant, and be of inestimable benefit to science and the profession. It will conflict with none of the existing American medical journals, but will give a stimu-

lus to scientific work, and render available much valuable material which has hitherto been buried in the annual volume of Transactions.

Dr. J. Milner Fothergill, in a recent letter to the Philadelphia Medical Times, has endeavored to show that the journal of the British Medical Association has not been altogether a blessing to the profession of Great Britain, and that its editor, Mr. Ernest Hart, wields altogether too much power. He suggests many dangers that may follow the foundation of such a journal, and thinks we should be slow to inaugurate on this side of the Atlantic a similar publication. Yet the whole scientific world recognizes the invaluable services to science and the profession which the British Medical Journal has conferred, and it is not difficult to read between the lines of Dr. Fothergill's letter that his objections are directed more to the *editor* of the British Medical Journal than to that able magazine. The American Medical Association needs a journal, and Dr. Fothergill's objections to the British Medical Journal can have no bearing whatever upon the action of the American Medical Association concerning the form and manner in which its publications will be given to the profession.

It has been apprehended by many that great difficulty will be encountered in the selection of an editor, and that it will be impossible to find a man equal to the demands and exigencies of the position. We doubt not that when the time comes the proper man will be found. In peace, as in war, the emergency brings out the requisite qualities, and

develops the essential elements of mind and character. All will recognize in the following words the characteristics which must distinguish the editor of the journal of the American Medical Association. We quote the language of a distinguished member of the association who is giving much thought to the successful founding of the journal:

In regard to the editorship, we need a man of thoroughly prompt business qualities, sound principles, clear head, and sufficient physical health to enable him to be always at his post. One who will exercise good judgment in selecting assistants to write up the progress of medicine in all its departments and properly notice the current medical literature, while *he*, by thorough knowledge of the practical working and proper objects of all social medical organizations, and a full, warm appreciation of what the medical profession should be, keeps an eye on the whole field, and with a liberal, kindly, but earnest editorial pen touches upon every subject of interest, prompting committees and writers, pointing out abuses, suggesting improvements and lines of investigation, and giving timely information on all points of practical working of our societies, both State and national. He should be able to see mentally and recognize equally the profession and institutions of the *whole country*, and not a narrow strip of it; should be fairly, *liberally* conservative, never revolutionary, having for his sole object the *real* advancement and honor of the whole profession.

The standard is high, but surely in the ranks of the profession of America such a man will be found. Let us hope the Board of Trustees will make a diligent search.

It is important for members of the profession to write to Dr. N. S. Davis, 65 Randolph Street, Chicago, Ill., the Chairman of the Board of Trustees, and inform him that they will be subscribers to the new journal. Members of the profession who are not members of the American Medical Association may become subscribers, and a pledge of subscription, made by signing the printed circular which has been distributed, or otherwise, is binding only for one year, the same as in subscribing for any other periodical. All members of the association and all physicians interested in keeping up with the progress of American medicine, who have not already done so, should communicate with Dr. Davis at once.

MISCELLANY.

IS MEDICINE A SCIENCE?—By Dr. H. V. Sweringen, in the College and Clinical Record: Art generally precedes science; particularly has this been the case in our profession; but art would remain the merest empiricism did it not avail itself of all the light which science can throw upon its objects. In the dawn of our history as a profession an empirical practice, which has barely yet disappeared, was the only one possible, but as our medical knowledge evolves and increases the field of study expands, but our methods of study become easier. In the science of our profession the subjects of investigation consist more particularly in the influence which outward objects have to produce changes in living bodies, which are concerned with the disturbance of their healthy functions, or with the restoration of those functions when deranged by disease. The art of the physician is appreciated by the success which attends his efforts in determining how best to avail himself of the knowledge thus obtained in counteracting changes which he wishes to prevent, or in promoting those which he wishes to restore to their ordinary condition in health. . . .

If it be a fact that opium will allay pain and inflammation, contract the pupil and promote sleep; if it be a fact that belladonna will dilate the pupil and counteract opium; if it be a fact that ergot contracts the uterus; that quinine interrupts malarial fevers; that the hydrated peroxide of iron will antidote arsenic; that common salt will antidote the nitrate of silver; that an alkali neutralizes an acid; that digitalis controls the heart; that sulphur cures the itch; that the surgeon's knife is wielded intelligently by reason of a correct knowledge of anatomical and pathological facts; if all these, and many hundreds more which might be furnished from the various branches which constitute the science of medicine, are facts, they constitute a group which we denominate medicine, and which is as much entitled to a scientific appellation as any other group of facts.

Our dyspeptic brethren and hysterical editors fail to make any distinction between the science of medicine and the practice of medicine. The practice of medicine may be largely empirical, and rely upon experience only; but the science of medicine must be founded upon some knowledge of the *modus operandi* of medicines. The facts

of the science of medicine which have already been established, and which are gradually accumulating, are of themselves full of interest, and many of them of the highest practical importance.

As physicians, we see complex results only, but can not trace all the conditions necessary to produce them. Therefore, accurate influences can be deduced only by slow degrees; consequently it is in many instances difficult to estimate the true value of the conclusions at which we have actually arrived. The multiplicity of disturbing causes with which the physician has to deal constitute other sources of uncertainty. In no case is patience and caution in forming our opinions more necessary, and yet nowhere is an immediate practical decision more requisite than in the treatment of disease. The temptation to form a premature judgment is, therefore, very considerable; and experience shows how difficult it is to correct a habit of this kind, when once acquired. From the very complexity of the phenomena upon which we are called to judge, it is for the most part extremely difficult to demonstrate that any given conclusion is inaccurate, or that any principle laid down has no solid foundation. But because of these varied and humiliating difficulties, these apparently insurmountable obstacles of which we are all aware and which we keenly feel, must we listen to the monotonous song of our pessimistic brethren? Do they prove that medicine is not a science? By no means. A fact is no less a fact by being incapable of demonstration. Medicine is a science, and an exact one too, but these uncertainties and difficulties of which we have spoken must necessarily attend its growth and development. Its progress has been slow, but progress has, nevertheless, been made. Who can successfully contradict this statement after comparing its present status with that which marked it even ten or fifteen years ago?

What we know of our science is as exact as that which is known of any other science. We do not claim that we know enough of it, or that, as a whole, it is perfect. It is like every other science—subject to the great law of evolution.

The title "allopath," which has so long been applied to us, is a misnomer. Our treatment of disease is not distinguished by any predominance of the allopathic principle. We do not, as a rule, attempt to cure a disease by creating another. We do occasionally make use of this principle. A

familiar example of it is the application of a blister for the relief of internal inflammation. In this case a new disease is produced upon a part which, without injury, is able to bear it, in order to cure the disease in the internal organ; and there is not in the whole field of medicine a fact better established than that disease is sometimes thus cured. But, notwithstanding our firm adherence to principles which have stood the test of time, we know no *pathy*, *ic*, or *ism*. We are lovers of the truth, no matter what havoc it may play with our preconceived theories. We have long ago thrown wide open every door and window of our grand old superstructure for the ingress of truth from whatever source it may come. Does the "old woman" in her practice possess it? It is ours; we assimilate it. Does the hydropath evolve it? We absorb it. Does the electropath discover it? We apply it. And if ever there shall come a time when an original and correct idea shall have struck the homeopathic school we will appropriate it so quickly that it will be difficult to determine where to place the credit of its priority. The whole realm of truth is ours; ours to discover, ours to apply, ours to enjoy, ours to preserve, ours to transmit. We are eclectics in the highest, truest, and best sense of the term. Innovations are invited—invited to be tested; if they stand the test of reason, of common sense and experiment, they are adopted. We seek to arrange whatever is highest, truest, grandest in medical experience. We belong to no sect or party; we ignore all artificial formulas of cure; our belief in remedies is not founded on extreme generalizations, and we will not submit to any other technical rules than those derived from a square view of facts, ascertained by the ordinary principles of positive science.

RESIGNATIONS. — Dr. J. M. Holloway, Professor of Surgery, and Dr. J. B. Marvin, Professor of Chemistry, in the Hospital College of Medicine, in this city, have resigned their respective chairs. The resignations have been accepted, and these gentlemen have withdrawn from the college, having been connected with it since its foundation. Their successors have not yet been announced. It is understood that the faculty will be reorganized, and the annual sessions held hereafter during the spring and summer months.

Several deaths from Chloroform reported.

MEDICAL FASHIONS.—Dr. James B. Baird, in *Atlanta Medical Register*: The medical world, like the social world, is swayed by fashion; not so completely perhaps, but as surely. Indeed there seems to be in mankind, if not a natural tendency, at least an early-acquired habit of observing times and seasons in the ordinary pursuits of life. In the days of childhood toys and sports have their own allotted time, and the youngster, scarcely able to toddle alone, knows his "top-time," "kite-time," "marble-time," etc.; and he is still submissively obedient to the edict of fashion in the selection of his more ambitious and more active amusements. So it is when we have put away childish things, and in the real or fancied plenitude of our power become men—robust, vigorous men. Even then habit asserts itself and holds us in subjection when the toys and sports of infancy give place to the instruments and vocations of manhood. We are still, we say, under the domination of our second, if not of our first nature, and the habit of following the fashion enfolds us in its irresistible embrace.

The admitted fact that there is an observance of fashion in medicine is not to be unconditionally decried. It is not so harmful as at first it may appear. Nay, it can be shown, we think, that, like fashion in clothes, it has its advantages and that it serves indirectly to promote medical interests. For instance, it insures a certain amount of uniformity in study, observation, and investigation. It serves to concentrate and fix the attention simultaneously of large numbers of workers, and to combine, as it were, the energies of the industrious members of the profession.

A master, or it may be only an enthusiast, leads the way into the misty realms of the unknown, or into a region enshrouded in doubt, and forthwith an army of eager recruits is found to follow, who, with varying degrees of ability, and endowed with a full assortment of mental gifts, apply the tests of experience to the novel theory, suggestions or procedures, and so by a multitude of witnesses the truth is established.

Of course there is abundant room here for mistakes, and the uneducated or over-credulous may easily be led astray; but we have great confidence in the corrective influence of numerous exponents and of time, and those medical practitioners who are so completely captivated by the new and who are so easily influenced by example, like the fop and the devotee of social fashions, are usually well-

meaning and amiable fellows, whose opportunities for inflicting damage are happily circumscribed.

ENGLISH CLIMATE AND CHARACTER.—The nervous temperament; the excess of energy; the exaggerations and intensities of character; the vulgarities and madness of selfish getting; the fierce resort to sham and shoddy as a short cut to profit; and all the forms of headlong service of the devil to which unregenerate, raw, brute humanity can be tempted, are very much worse in England than they are in America. And the air, said to favor such characters, is much worse in England than in America. I was myself under the impression, before I lived in England, that we had in America more electrical excitement than is known in England. But now I find that it shuts down on you more in England, and that while you see more in America, at a great height above the earth, you feel more of it in England and have it dropping on you more; and that, although it is characteristically damp, there occur more and longer times of irritating dryness and electrical aggravation than are known in America.—*Prof. Edward C. Towne, in Popular Science Monthly.*

A MEDICAL MAN CHARGED WITH MANSLAUGHTER.—Mr. Wm. Hawkins, late Assistant Medical Officer to the Gloucester County Asylum, has been charged before the Gloucester magistrates and committed to take his trial on a charge of manslaughter of a patient named Walter Partridge, who died recently in the asylum from fractured ribs said to have been caused by the violence of Mr. Hawkins. The prosecution was ordered by the Home Secretary in consequence of the sudden death of Partridge after a bath. He was a dirty, troublesome patient, fifty-three years of age. About two hours before his death the accused bathed deceased and another patient, and it is stated that he, along with two keepers, got the deceased down, jumped on his stomach, and made him cry "murder."—*London Med. Press.*

ALL persons interested in the public welfare will be glad to learn that several State legislatures have passed laws prohibiting the sale or use of the toy-pistol.

PROF. VIRCHOW has recently been seriously ill, but we are glad to state that recent accounts indicate the early restoration of his health and strength.

SYNTHESIS OF URIC ACID.—It is stated that Dr. Horbatschewsky, of the Vienna Chemical Institute, has succeeded in forming uric acid synthetically. As is well known, all attempts to produce this substance artificially have hitherto failed, and considerable doubt has existed with regard to its exact constitution, though it is generally represented as consisting of one radical of tartaric acid and two of urea (*The Lancet*). From the fact that uric acid under powerful oxidation splits up into molecules of urea, it has been assumed that this body is one of the substances through which every particle of albumen passes before it is thrown out of the body, and on this assumption it has been taught that when oxidation is imperfectly performed there is an accumulation of insoluble uric acid in the blood, which replaces some portion of the urea which ought to be formed. It is on this view that the doctrine of *lithe-mia* has been founded. On the other hand, there are a few who believe that uric acid in the human body in health, and even in disease, is formed in only very minute quantities, and that its pathological importance is to be referred rather to its insolubility than to its excessive production in the system. They hold that though uric acid contains residues of urea, it is not necessarily an antecedent of the latter, and that it is more probable they both start from a body containing at least some of the nitrogen in the form of cyanogen, and that the final cause of divergence lies in the fact that urea is the form best adapted to a fluid, as in the case of mammalia, and uric acid to a solid, excrement, such as is met with in birds and reptiles. This view is strengthened by the increasing evidence we have that the chief antecedents of the urea in the blood are partly the kreatine formed in muscle and elsewhere, and partly the leucin and other like bodies formed in the alimentary canal. A writer who has recently investigated the question from its clinical aspects remarks, that if this view be accepted, uric acid will be regarded as a consequence, and not a cause, of the manifold disorders to which it has been said to give rise; that when it is deposited, the fact of the occurrence of the deposit will have to be referred to the insolubility of the minute quantity that exists in human blood, rather than to any excessive production in the system, and that attention will then be primarily directed to the discovery of the circumstances which lead to the deposit of this insoluble substance rather than to vague generalizations concerning its

over-production from hepatic derangement or gouty proclivities.

A WARNING TO WATERCRESS EATERS.—The address of Mr. Thomas, last Tuesday evening, at the meeting of the Royal Medico-Chirurgical Society, on the life-history of the liver-fluke, as interesting as it was instructive, wound up with a word of advice, viz., that we should abstain from eating watercress (*Med. Times and Gazette*). We do not suppose that in an assemblage of men, all more or less well versed in physiology, any vegetarians were present; if there were such, we do not envy their feelings on hearing this warning, or on listening immediately afterward to the remarkable case narrated by Dr. Geo. Harley, so strongly confirming the view that eating watercress might be attended with danger. However, it occurs to us that, seeing what a powerful agent we have in salt, if the watercress were to be well rinsed out in a moderately strong solution of salt before being washed in fresh water, or instead of it, the embryos and ova would certainly, and their intermediary host in all probability be destroyed.

AN alarming subsidence of land has occurred in one of the suburbs of Maidstone, England. The stream of sewage which usually flows from the county lunatic asylum being missed from its ordinary channel, the road was taken up and a large cavity was discovered, down which the sewer had disappeared. This was immediately filled up with rock, but during the night another subsidence occurred, carrying away not only the sewer but the garden of an adjoining house. Some hundreds of loads of rock have, it is said, been emptied into the mysterious cavity, but it is not yet filled up. The tenants of the houses in the neighborhood forsook their dwellings at the first warning, and it is feared that more serious destruction of property will ensue. No satisfactory reason can be given to account for this startling occurrence.—*Med. Times and Gaz.*

ARABI BEY'S CHILD.—Arabi's child, who was recently reported to be dangerously ill, was found, when brought to the British doctors, to be suffering from a severe attack of itch.

ORIGINALLY, marshes or swampy soil surrounded the entire land aspect of modern London, with the exception of an isthmus on the northwest.

Original.

CEREBRAL HYPEREMIA AND HYPER- ESTHESIA,

WITH SECONDARY LOSS OF VISION, MAINLY
CURED BY GALVANISM.

BY C. H. HUGHES, M.D.*

The past few decades have witnessed the dissipation of at least two delusive ideas in medicine; the one being physiological, the other pertaining to electro-therapy. With reference to the one it was formerly maintained that the encephalon was a plenum in regard to the blood, never holding more nor less of the sanguineous fluid by reason of the atmospheric pressure about it, the cardiac *vis a tergo*, etc. In regard to the other it used to be asserted that electricity mainly traveled on the surface of bodies.

In regard to the passage of the galvanic current, whatever preferences it may have for surface conduction, it is easy to demonstrate that it can be made to penetrate the cranial cavity, whether the current is passed in with the intra-cranial ramifications of the cervical sympathetic or made to descend from the os frontis to the nucha.

The verifications of this are too numerous and satisfactory to admit of doubt. The vertigo which follows the impress of a descending current from the frontal region of the cerebrum to the decussation of the fibers of the corpora restiformia, or from a crossed current, especially behind or through the ears or temples, affords sufficient illustrations in the vertigo which follows the resultant arterial contractions and dilations when the current is suddenly applied or suddenly withdrawn.

Case: Rev. L. is a Presbyterian divine residing in Illinois, of intensely studious habits, preparing his weekly sermons with much research and solicitude. The time habitually devoted to this labor is from the middle of the week until the following Sabbath; his hours of intensest labor being the night time, rarely terminating before midnight on Saturdays, and later, on other nights.

His congregation is influential, critical, and appreciative of his work, which he realizes, and while he has labored with solicitude to fill their expectations of him, he has had none of those feelings of depres-

sion which come from a consciousness of unappreciated effort, and is not melancholic. He has, however, realized of late the failure of his mental powers for prolonged studious effort, and has become conscious that he must get relief or abandon his calling.

Symptoms, when he first came under my observation, were protrusion of the right eye and inability to distinguish light from darkness with it; cephalalgia with inability to labor mentally without intensifying it; full pulse, 84 per minute, and increased temperature, 99.5 F. on side of blindness; sluggish bowels; an ill-at-ease sort of feeling in the day time, and incapacity for sufficiently prolonged, dreamless, and refreshing sleep, to daily recuperate him. He had no catarrh, and there were subjection noises in his left ear. Otoscopic and ophthalmoscopic examinations gave negative results. Esthesiometric examination gave abnormal and lessened tactile sensibility in the terminal branches of the tri-facial. Giddy sensations were complained of, and his appetite was somewhat impaired. The renal, hepatic, enteric, and cardiac functions, save the ganglionic excitation in the latter, were not appreciably abnormal.

The condition of this patient was one of partial paralysis of the vaso-constrictor nervous system, due probably to malarial influences as the pre-determining cause, and to psychical overstrain as the immediate exciting cause. I regard the cerebral pathological condition as one of psychically induced cerebral hyperemia with meningeal hyperesthesia and cortex irritability.

The treatment consisted mainly in cerebral galvanization with constant descending current, daily, of varying strength, enforced brain rest, and chemical restraint imposed by the sodium and potassic bromides in after-part of day and night, together with all rational efforts to restore trophic and waste cerebral equilibration. The patient is probably now fully restored, as I have heard nothing from him for many months. The following further history of this case is given by the patient himself:

I came into Southern Illinois in the spring of 1876. After being here about a month or two I took chills and fever. I was troubled with them for about one year. After getting clear of them I began to be troubled with what my physician here called nervous headache. As time passed this grew more troublesome until I had it half or more, probably, of my time. In September, 1881, I went north to spend a few days, and while there had very severe pains in my head, and was under the necessity of remaining in a

*Other clinical confirmations and a more extensive presentation of the therapeutic value of cephalic and spinal galvanization will appear in the January number of the *Alienist and Neurologist*.

dark room for about forty-eight hours. During that time I lost the sight of my right eye entirely. Came back home and staid until last of November, when my left eye became somewhat affected. When I placed my case in your hands, or under your treatment, my sight was perfectly restored before I left the city, and since I have had no trouble whatever so far as they are concerned. I have been able to work ever since I returned home. Have done harder work and more of it than for three or four years before. My head does not trouble me much now. I think I have had headache but once during the last month. I eat well, sleep well, feel well generally, but I am exceedingly nervous; can scarcely hold a paper still enough to read it. I am still taking the same medicine you prescribed regularly, but gradually losing flesh. Weight when I went to St. Louis, last November, about two hundred and seventeen pounds, now about one hundred and eighty pounds. Can any thing be done for my extreme nervousness?

ST. LOUIS, Mo.

DISSEMINATED SCLEROSIS OF THE SPINAL CORD.—THREE CASES IN ONE FAMILY.

BY J. W. HOLLAND, M.D.*

Prof. Pathology, Nervous Diseases, and Clinical Medicine University of Louisville.

On November 1, 1882, I made an examination of a patient sent me by Dr. W. H. Long, of this city, which presented features of a rarity sufficient to justify a special report.

J. C., aged twenty-seven, of Corydon, Ind., healthy during childhood, when twelve years of age began to stagger in walking. He was easily tired, and after exertion had a weak and aching feeling about the loins. From being occasional, the peculiar gait became constant; then the hands were affected with tremor on exertion, followed by weakness in hands and arms. The tremor grew in all the extremities, and eventually he suffered from spasmodic contractions in them. Gradually the weakness involved the trunk and the neck.

Three weeks ago, for the first time, a defect in speech was perceptible; at the same time there was a marked increase in the general paresis with a slight numbness which was also general. At present he is enfeebled to some extent in all the muscles of the neck, of articulation, of the trunk and of the extremities. The legs are paralyzed almost completely, the tremor has departed from them. The hands are not tremulous, but move in erratic paths when executing the commands of the will; they are still useful members. The affection of sensibility is

not very decided. There is no pain. The reflexes are exaggerated. No incoördination has been observed at any time. The bladder, rectum, and sexual apparatus are unaffected, though he has been of costive habit for years. The mind is clear, facial expression sad and dull, voice of uncertain pitch, and speech muffled. The head droops, and the body leans forward in a limp posture. There is no perceptible wasting of muscles, and he reports a gain in weight during the last year.

I take it that there will be no doubt of the diagnosis *disseminated sclerosis*, limited to the antero-lateral columns of the cord with a recent extension to the bulb. Such cases are not uncommon; the anomalous feature remains to be told. He has four sisters, two healthy, and two afflicted like himself.

One sister, age seventeen years, began during her eleventh year to trip or stagger, and now can not walk at all. She has tremors and is paretic in both arms and legs; the latter is far worse than the former. The trunk, neck, and articulating organs are free as yet. No incoördination or pain except a tired ache in the back. The bladder and rectum act healthily. Her mind is unimpaired.

Another sister, aged thirteen, during her eleventh year was struck in the same way with titubation, tremors, and weakness in the legs. Speech, neck, and arms sound; mind clear, and muscles unwasted. In searching the annals of neurology I have not found a parallel to this group. Three in one family are at the same age seized in the same way. Father and mother are alive and free from nervous maladies. My patient knows of no similar case in the family traditions as far back as they go.

LOUISVILLE, Ky.

OPIUM-SMOKING.—Dr. Ayres, Colonial Surgeon of Hong Kong, says: I am no advocate of opium-smoking. My experience is, it may become a habit, but that habit is not necessarily an increasing one. Nine out of twelve men smoke a number of pipes a day, just as a tobacco-smoker would, or a beer or wine-drinker might drink his two or three glasses a day without desiring more. I think the excessive opium-smoker is in a *much greater minority* than the excessive spirit-drinker or tobacco-smoker. My experience is that the habit does no physical harm in moderation.

* Reported to the Louisville Medico-Chirurgical Society, November 24, 1882.

Correspondence.

NEW YORK LETTER.

MALARIAL POISONING AS IT AFFECTS CHILDREN.

Editors Louisville Medical News:

At the meeting of the County Medical Society, last Monday, Dr. L. Emmett Holt read a very interesting paper on Malaria in Children. The doctor analyzed 184 cases occurring in dispensary practice, and brought out some very good points especially from a diagnostic stand-point. I am sorry that I can only send you an abstract, as your readers necessarily meet with all phases of this protean malady. He intends publishing the paper together with a pretty full supplement of cases in the Children's Department of the American Journal of Obstetrics of this city. Young children, he argued, showed a peculiar susceptibility to all acute infectious diseases, and malaria formed no exception. Malaria in young life presented peculiar symptoms so that it differed from that of adults as much as pneumonia or gastritis did.

This subject had not been given the attention its frequency deserved, especially by writers on diseases of children in this country. The disease was often overlooked from the fact that the succession of chills, fever, and sweat were too often regarded as essential to the diagnosis. It would be of advantage in understanding the disease to drop this division into stages entirely. The intermittent and remittent forms shade into each other in such a way that a separate consideration of them is unimportant either theoretically or practically. The irregular forms are more frequent than in adults from the peculiar susceptibility of the nervous digestion and respiratory system of the child. Chills, chilly sensations, coldness of hands and feet, or any thing which might be interpreted as a cold stage, was recorded in only 40 cases. Sweating was more frequent than the cold stage, but less so than in adults. It came later and was rarely profuse.

The invasion was twice as frequent in the afternoon or evening as in the forenoon, differing thus from adults. This was noted gradual in seventy-two cases and abrupt in forty-five.

Cerebral symptoms were observed in the great majority of cases. Headache, which was nearly always frontal, was seldom ab-

sent, and often severe. Convulsions occurred in four instances, usually at the onset of the disease.

Marked drowsiness, amounting in some instances to stupor even, usually accompanied the accession of fever or marked the time of the paroxysm when the fever was absent altogether. Epigastric pains were noted as being present in 101 of 128 cases. They were often severe, usually paroxysmal, but without relation to the taking of food. They seemed to be neuralgic. In about one third of these cases marked epigastric tenderness was also present. Tenderness over the spleen was noticed in quite a large proportion. Pains in the back, extremities, and general soreness were observed very frequently. Muscular weakness, so that the patients tired on slight exertion, was quite a common symptom in the subacute and chronic cases; and in three there seemed to be actual loss of power. This passed away under the use of quinine.

Subacute bronchitis was a very common symptom; in the cases observed during the fall and winter months it was present in about one half the whole number.

Disturbances of the gastro-intestinal tract were usually noticed.

Constipation occurred in fifty-five cases and looseness of the bowels or diarrhea in twenty-seven. The latter was most frequent in the younger children. Vomiting was present in about one third, and usually occurred at the onset of the disease. The appetite was noted as unaffected in eleven cases only, and a clean tongue only in nine. Incontinence of urine occurred in six cases, retention in three, and in six micturition was stated to be frequent and painful. This symptom usually disappeared promptly on treatment of the malaria alone. The quotidian type was more frequent than the tertian in the proportion of five to one. Not a single case of the quartan was seen.

Of seventy-nine cases, the spleen was found enlarged in sixty-five, doubtful in four and normal in eleven. While splenic enlargement quickly occurs in young children it subsides quickly, and hence may be absent at the time of examination unless several paroxysms have occurred.

It seldom came below the free border of the ribs, and hence palpation was found of very little practical value in determining the fact of enlargement.

In the subacute cases the temperature ranged from 99° to 102°, and in the acute from 102° to 105°. A temperature above

106° was recorded in only three cases. The highest was 106 $\frac{3}{4}$ °.

Relapses were stated to be more frequent than in adults; they may be almost said to be the rule. Griesinger found them in sixty-four per cent of cases from one to ten years of age. Of the complications, anemia and bronchitis were the most frequent. These were especially noticed in the sub-acute and chronic forms. Dropsy was not seen, nor was jaundice. Intense pulmonary congestion, apparently of the same nature as the congestion of the spleen or liver, was seen in seven cases. The symptoms and physical signs of this resembled acute pneumonia. The existence of splenic enlargement and the smaller amount of prostration were usually enough to distinguish between them. The temperature for twenty-four hours was sometimes necessary. True spasmodic asthma of malarial origin was seen in six cases. Pneumonia occurred as a complication twice. Neuralgias, though less frequent than in adults, were noticed in a number of cases. Among the more infrequent complications were mentioned nephritis, vaginitis, chorea, tonsillitis, stomatitis, and small hemorrhages from the gums, nose, or vagina.

The masked or irregular forms were often overlooked because the fact was not generally appreciated that cases in which the symptoms were wholly laryngeal, bronchial-pulmonary, genito-urinary, or gastro-intestinal were really at times dependent upon malaria as a cause, in a district as malarial as some portions of New York.

The following points had been relied on in deciding the question:

Periodicity in the symptoms.

Coexisting enlargement of the spleen.

Failure of ordinary remedies to control the disease.

The fact that they yielded promptly to anti-periodics.

Dr. J. Lewis Smith, in discussing the paper, recorded his experience as fully corroborative of the points made by Dr. Holt.

* * *

STRYCHNIA IN ENLARGED SPLEEN.

Editors Louisville Medical News:

I noticed in the NEWS of October 28th an extract from the Lancet on the treatment of enlargement of the spleen by parenchymatous injections of sclerotic acid, galvanopuncture, and other doubtfully justifiable means, and fully agree with you in your

terse designation of the termination of such treatment, "experimental murder." I also noticed in your enumeration of remedies for the same trouble that you did not include that which I consider the most potent of all remedies in enlarged spleen, *strychnia*, which seems to be not generally recognized by the profession.

In 1873 or 1874 there appeared an article on strychnia in enlargement of the spleen in the Pacific Medical Journal. Having had much trouble in the treatment of such cases, and having a very obstinate case on hand at the time I read the article, I at once gave it a trial, with the most gratifying results. Since then I have treated a great many cases of enlarged spleen in all stages with strychnia and nux vomica, and have yet to note a single failure. As I have not seen any thing published upon the subject since the article mentioned, and hoping it may be of interest to your readers, especially those living in malarious districts, I venture to describe a few cases.

John D., aged thirty years, suffered with engorged spleen for about eight months. It was so large as to considerably overlap the median line; was indurated and very tender. He was in bed most of the time, and the spleen steadily augmented. He had been under the care of several physicians, and had taken various treatments. Under my care he had gotten quinine, iron, belladonna, iodide of potash, etc. for nearly a month, with trifling benefit, when I put him upon strychnia, leaving off all other treatment. He took one sixteenth of a grain three times a day, and in a week was considerably improved. The strychnia was then increased to one twelfth of a grain, and in a week more the enlargement and induration of the spleen were scarcely perceptible and all pain was gone. The patient was directed to keep up the strychnia, one sixteenth of a grain twice a day for two weeks, and once a day for two weeks longer, and more than a year afterward he was not troubled with ague-cake.

Willie R., aged fourteen years, had intermittent fever in some form every summer and fall for several years; had been having chills for ten months when I saw him. He was very anemic; had been confined to bed ten days; spleen enlarged and tender. He received quinine for four days, when the paroxysms were arrested, and I ordered ten drops tinct. iron before and ten drops tinct. nux vomica after meals. In a few days he was up, and in a week more was picking cotton, and has remained well.

William B., aged twenty-two, had an attack of intermittent fever lasting only a few days. Several days after getting up he noticed a lump in the hypochondriac region. The enlargement continued to increase for three weeks, when he consulted a physician, who treated him for enlarged spleen for a month without benefit; indeed he grew worse all the while. He now came under my care, and was put on strychnia, one sixteenth of a grain, gradually increased to one twelfth of a grain, three times a day, and in three weeks he was perfectly cured.

J. H., aged thirty-five, had an attack of pernicious intermittent fever last summer. A few weeks after recovery he noticed an enlargement of his spleen. A physician was consulted and treated him for some weeks, the enlargement increasing and tenderness also, when he consulted another physician, who treated him for three weeks longer without improvement in any respect. On August 20th I saw him for the first time. He was unable to lie down, and had to be propped in bed to get his breath. His abdominal enlargement was immense. His entire belly seemed filled with spleen. I at once ordered strychnia, one sixteenth of a grain, increased to one tenth of a grain, three times a day. In three days he could lie down, and in a week could walk and was able to lie down all night. In two weeks he could walk well, had very little tenderness, and the swelling was reduced more than half. October 10th he was dismissed cured.

You do not believe in theories, and therefore I offer no speculations upon the *modus operandi* of the strychnia in curing splenitis, but these typical cases and satisfactory cures demonstrate the fact that it does it speedily and effectually.

WM. H. HARDISON, M.D.

RICHLAND, ARK.

JONATHAN HUTCHINSON'S ADVICE TO MEDICAL STUDENTS (Peroration to introductory at London Hospital).—If now I were to sum up in one sentence what I have been enforcing it would be this: The secret of all noble life lies in belief, and the characteristic of all noble minds is the vigor with which they believe that which is true. Try to attain belief in the reality of all things, so shall you never want for motives, so shall you be able to live and work without hurry and without sloth. Finally, permit me to commend to you this formula: Prize strength, love the beautiful, practice self-denial, and be patient.

Reviews.

The Diseases of the Liver, WITH AND WITHOUT JAUNDICE, WITH THE SPECIAL APPLICATION OF PHYSIOLOGICAL CHEMISTRY TO THEIR DIAGNOSIS AND TREATMENT. By GEORGE HARLEY, M.D., F.R.S., etc. Philadelphia: P. Blakiston, Son & Co. 1883. 8vo. Pp. 751. Cloth. Price \$5.00. Louisville: John P. Morton & Co.

The name of John Harley, M.D., F.R.S., has long been a familiar one to the readers of English and American medical journals. He is one of the most able, industrious, and devoted of the several clinical teachers so well known to the profession in connection with University Hospital. Twenty years ago Dr. Harley wrote a treatise on jaundice which was highly appreciated. These twenty years which have elapsed since that publication have been rich in clinical work and physiological investigation, and the author has utilized all these labors and observations in the preparation of this second work on the Diseases of the Liver.

With the conviction that too exclusive attention is devoted to pathology in the preparation of treatises on disease, the author has written this book with reference especially to the physiology of the liver and disease in connection therewith. This is the prominent feature of the book. Instead of taking diseased action and its results, studying the pathology, tabulating the symptoms in relation to lesions, and recording treatment in the view of these developments, the author keeps constantly in view the physiological processes, with disease constantly held up in comparison as a perversion of physiology. The scope of the book is broad; its method is thoroughly scientific. The first chapters are devoted to the chemistry, physics, and physiology of the liver. The etiology of jaundice is treated with ability, and in the chapter on the signs and symptoms of hepatic disease, we see the hand of the clinician and the scientific investigator in its fullest play. He then approaches the complicated subject of biliousness and jaundice, which are considered with utmost detail. The work includes a consideration of all diseases of the liver and gall-bladder. The last chapter of the book, entitled General Hints to Aid in the Diagnosis and Prognosis of Diseases of the Liver, is unequaled by any previous treatise on the subject extant. The publishers announce that this edition is published simultaneously with the London edition by special arrangements with Dr. Harley, and is the only

authorized American edition. It is illustrated by two chromo-lithographs and thirty-six wood-cuts.

Medical Electricity. By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College; Fellow of the College of Physicians of Philadelphia, etc. Second edition, enlarged and improved, with one hundred and nine illustrations. Henry C. Lea's Son & Co., Philadelphia. 1882.

The first edition of this work was exhausted almost within a year, thus necessitating a new edition. This new edition has been enlarged by the addition of about thirty pages, and the matter in many portions has been considerably condensed. The distinguishing feature of Bartholow's treatise on electricity is that it is written from the practitioner's stand-point rather than from that of the scientist. We believe that the value of electricity in the treatment of many diseases is very much overrated in this work, and that its scope of application is much more narrow than is herein indicated. In this respect, however, it avoids the absurdities of many works on the subject, and is beyond all comparison the best treatise on Medical Electricity extant for the purposes of the practitioner of medicine. Electricity is a valuable therapeutic aid in the treatment of a large class of diseases, but the clear-headed practitioner knows that it does not possess all the subtle curative powers claimed for it by writers on electro-therapeutics.

Walsh's Physician's Combined Call-book and Tablet. Published by Ralph Walsh, M.D., 332 C Street, Washington, D. C.

This visiting-list is perpetual, the names of the months and numbers of the days being blank. Each page is ruled for thirty-four names, and columns are provided for the street and number. The visiting-list, obstetric record, cash account, and register of births and deaths are provided, and these are preceded by a large number of pages of miscellaneous information. Much of this text is valuable, while a great deal of it is devoted to information which should be in every practitioner's head instead of his pocket. The erasable tablet is a useful adjunct to the record, and the whole is bound in good red leather and presents a pleasing appearance.

Physician's Visiting List for 1883. Philadelphia: P. Blakiston, Son & Co. Louisville: John P. Morton & Co.

This old and popular visiting-list maintains its standard of excellence. Among its most useful features are the table of Poisons with their Antidotes, the Posological Tables, and the Metric System of Weights and Measures. The paper and binding are excellent and its shape and size convenient.

Books and Pamphlets.

PRELIMINARY REPORT ON THE YELLOW FEVER EPIDEMIC OF 1882 IN THE STATE OF TEXAS. Treasury Department: Marine Hospital Service. 1882.

CONTRIBUTIONS TO SURGICAL GYNECOLOGY. By EDWARD W. JENKS, M.D., LL.D., Chicago, Ill. Reprinted from the Transactions of the Illinois State Medical Society. 1882.

A BIOGRAPHICAL SKETCH OF EDWARD WARREN (Bey). Reprinted from the Medical Journal of North Carolina, and continued. Paris. 1882.

THE PHYSICAL BASIS OF MORAL INSANITY VIEWED IN RELATION TO ALCOHOLIC IMPRESSIONS. By T. L. WRIGHT, M.D., Bellefontaine, Ohio. Reprint from Alienist and Neurologist.

Selections.

The Mal del Pinto, or Spotted Disease.—Dr. Iryz has recently described, under this name, a rare but very interesting form of skin disease, which has hitherto escaped notice, says the British Medical Journal. Dr. Iryz's observations are based on a study of the disease during four years in Central America and Southern Mexico. In these regions the affection is more or less endemic, but does not appear to exist elsewhere. Dr. Iryz has embodied his observations in an exhaustive monograph, which he has submitted to the Academy of Medicine of Mexico.

Mal del pinto is characterized by abnormal pigmentation, by pruritus and desquamation, and by a characteristic odor. It may commence on any portion of the integument. The characteristic eruption radiates from several centers, and may either continue discrete, or become, in its later stages, confluent. There is no constitutional disturbance except from the continuous itching, which is always worse at night. The affection appears in four forms—black, blue, red, and white. In the two former the pathological process is apparently superficial to the dermis; in the latter it involves the true skin and rete mucosum. Hence, all cases may be grouped as epidermic or subepidermic. In the former, the eruption appears indiscriminately on all parts of the body except the soles and palms. The discolorations are circumscribed and slightly elevated. At first they are dry and rough, but later they exude a glutinous secretion. All signs of inflammatory action are absent. Pressure causes no pain or no change of color.

When the process of desquamation has reached its limit, the skin of an individual assumes the appearance of a mosaic pavement composed of various colors. Not uncommonly black is the prevailing tint, and the patient has the appearance of a negro, with an Indian or Caucasian type of face. In the later stages of the disease a tuberculous eruption is often developed. In the blue variety the discoloration is similar to that caused by grains of powder under the skin. It may be associated with patches of black or other altered pigmentation. Whatever the discoloration is in the first instance it always remains, and is not displaced or succeeded by other tints.

The subepidermic form of the *mal del pinto* may appear as patches of a dark red, pink, or brilliant white color, like cicatricial tissue. The white patches are generally bordered by a dark ring, as though the color had passed from the center to the circumference. When touched, these patches convey a different sensation from the neighboring healthy skin. The integument is hard, with diminished sensation. The capillaries have also undergone diminution or destruction. Pruritus is constantly present, but desquamation is less abundant than in other forms. As a general rule the patches are uniform in color, but occasionally they present islets of pigment in their centers, as if this substance had, in some places, escaped destruction. Sometimes the disease spreads from several centers, each distinct in color. These centers become eventually more or less confluent, and impart to the whole body, or to a limb, a very singular appearance. In such cases the aspect of the face is peculiarly repugnant. This, with the disagreeable odor of the disease—which is compared to that of moldy garments—accounts for the dread and detestation it excites in the communities in which it is endemic.

The *mal del pinto* sometimes commences in sound skin, but usually it follows some eruption, such as herpes or eczema. It is essentially chronic. Sometimes a patch of white discoloration remains for months unchanged. The black and blue forms spread more quickly and widely. Dr. Iryz noticed one case in which complete albinism was produced, the head, neck, thorax, limbs, and even hair, becoming as white as if dusted with flour.

The diagnosis presents little difficulty in well-marked cases. No other disease gives the same piebald appearance. No other possesses the characteristic odor, or the same furfuraceous desquamation.

Mal del pinto never kills, usually lasts through life, and is little influenced by treatment.

[Evidently the B. M. J. accepts Dr. Iryz's new disease without question. We confess we are not quite sure of its existence. It is almost too unique. Nothing exactly like *mal del pinto* has ever been described before. Central America and Mexico have been visited many times by learned and observant medical men and other scientists, and were *mal del pinto* endemic in any portion of these countries it would most probably have been observed and described. We are skeptical about new diseases or new animals being discovered in old countries. Doctors sometimes, like other people, are defective observers. Doctors sometimes have vivid imaginations. Doctors sometimes even romance, and this Mexican doctor's new disease sounds like a sea-serpent story.]

The Cause of Sick-Headache.—Dr. Savage, of Jackson, Tennessee, announces that he has discovered

the real cause of sick-headache to be hypermetropia and astigmatism, either alone or combined, and that its successful treatment consequently consists in the use of a properly fitted glass. The predisposition to sick-headache in most persons ceases between the ages of fifty and sixty. Dr. Savage offers as an explanation of this, that about this time a latent hypermetropia is converted into a manifest hypermetropia, the ciliary muscle that has had to work so hard during so many years being worn out and ceasing its labors, and thus there is no further cause for sympathy on the part of the head and stomach. The periodicity of the attacks he thinks may be explained by the eye being able to bear for a time the excessive work it is made to do, when at length its distress is made known by an explosive attack of sick-headache, the eye and head aching indescribably, and the stomach through sympathy so desperately nauseated as to unload itself of its contents. Even before the attack comes on the stomach performs its functions sluggishly through sympathy for the overworked eye. The exciting cause of the sick-headache, he is of opinion, is always to be found in the over-use of a hypermetropic or astigmatic eye.

Paget's Disease of the Nipple.—Dr. McCall Anderson supports the view that the affection of the nipple described by Sir James Paget is from the first of a malignant nature. He believes that the diagnosis, which is sometimes difficult, will be facilitated if the following points are borne in mind (British Medical Journal). Paget's disease occurs especially in women who have passed the grand climacteric; whilst eczema of the nipple and areola occurs generally in women earlier in life, and particularly during lactation, or in persons laboring under scabies. In the malignant affections, the affected surface in typical cases is of a brilliant red color, and is raw and granular-looking after the removal of crusts; in eczema the surface is not so red and raw-looking, and is not granular but punctated. In Paget's disease there is often superficial induration which is absent in eczema. In the former the edge of the eruption is abrupt and sharply cut, and often elevated; in the latter the edge is not so abrupt and is not elevated. Lastly, whilst eczema, although sometimes obstinate, yields to suitable treatment, the malignant affection only yields to extirpation or other treatment applicable to epithelioma generally.

Chrysophanic Acid Internally.—The internal administration of chrysophanic acid in psoriasis seems growing in favor in Great Britain. A number of cases have been reported. In cachectic cases it acts best. It is given in one-tenth to one-fifth-grain doses, three times daily after meals. In a week's time disappearance of the patches has been observed, and in three weeks this case was well, though of five years' standing. No unpleasant effects of the medicine occurred.

Chloroform in Midwifery.—A writer in the British Medical Journal says that the statement of Dr. Fancourt Barnes, that the hypertrophy of the heart met with in pregnant women is one reason for the singular safety of chloroform administration to women in labor, is doubtless correct, but it is questionable whether the idea is a new one. Most likely this will already have occurred to many who are conversant with the writings of the distinguished obstetrical teacher, Dr. Robert Barnes.



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No. 25.

LUNSFORD P. YANDELL, M.D., . . . }
L. S. McMURTRY, A.M., M.D., . . . } Editors.

THE PATHOLOGY OF TUBERCLE.

There is no department of pathological inquiry in which minute investigation has been more patiently and persistently followed than in the study of tubercle, its origin, nature, and mode of propagation. For a number of years investigation has been directed both from the clinical and pathological standpoint to the question of its contagious or non-contagious character. Many plausible theories have been advanced; numerous experimental observations pointing to the solution of the problem have been recorded; and many dogmatic assertions have been given to the profession upon the nature of the morbid process which underlies this great scourge of civilized life. The researches which found their best expression in Niemeyer's great work on Practical Medicine were the first important and permanent contribution to our knowledge of the nature of the tubercular process during that decade. Since that time the German school of pathologists particularly have been pushing their researches upon the pathology of tubercle with great industry and perseverance, and their labors have not been without some very important results.

Since the ingenious and brilliant results of Pasteur's experiments in germinal pathology were given to the profession, at the International Medical Congress in London, the medical mind has been in a most receptive state for the wider application of this morbid process, and investigation has doubt-

less been directed to such discoveries with well-marked expectation. When the announcement of Koch's discovery was made the times were ripe for its reception, and it was seized at once by the professional as well as by the lay scientific world and adopted as a great contribution to the pathology of tubercle. This investigator claims to have found and to have demonstrated a parasite, the *bacillus tuberculosis*, in the blood and sputa of tuberculous patients, and that by inoculation of these parasites the disease may be reproduced.

Sufficient time having elapsed for testing these experiments in the hands of other investigators, serious doubts appear as to the reliability and practical value of these observations of Dr. Koch. In our own country, Dr. Schmidt, of New Orleans, one of the most able and skillful of microscopists, tells us that the bacillus tuberculosis of Koch is only a fat globule and a rod-like crystal of margaric acid. Dr. Formad, of Philadelphia, after a most thorough investigation, is unable to confirm the statements of Koch, and discredits the experiments in inoculation from the fact that purulent matter of non-specific character introduced into certain animals will be followed by phthisis. Dr. Formad's experiments extended over a period of two years, were one hundred and nine in number, and are unfavorable to the parasitic origin of phthisis. So it seems that the solution is not yet accomplished. The line of investigation, however, is most promising, and great discoveries are rather the ultimate addition which completes accumulated contributions to knowledge than one complete and per-

fect stroke of genius. That the investigations now being so industriously cultivated will enhance our knowledge regarding the pathology of tubercle no one can doubt.

THE DUTY OF A DELEGATE.

To fix upon a given conclusion and reason toward it regardless of the logical sequence and bearing of facts is a temptation presented by the extremity of a pressing emergency. To yield to such a course of action is always an evidence of defeat, and is seldom, if ever, productive of the desired result. Our able and esteemed contemporary, the Medical Record, indulges in a display of slight-of-hand logic in the impression of December 9th which surpasses any previous achievements in that line.

In the article referred to our metropolitan contemporary essays to teach the duty of an instructed delegate in a manner that is as novel as interesting. The Medical Society of the State of New York is a delegated body composed of representatives of the various county and local societies of the State of New York. The delegates composing the the membership of the State Society voice upon the floor of that society the sentiments and interests of the constituency which sent them thither and created their power. In the midst of the present emergency, and in view of the impending defeat of the new code, the Record declares that the county societies have no right to instruct their delegates upon a question which is to be discussed at the approaching session of the State Society, and that it is doubtful if such instructions will be considered valid. The advocates of the new code seem to have held on to a hope that they would be able at the last moment to control the delegates of the smaller county societies. But the recent action of the large and influential society of the County of Kings seems to have taken away in some degree this expectation and driven the friends of the movement to this extremity. Since the society of the County of Kings has instructed its delegates in unqualified

terms to maintain the honor and dignity of the profession by voting against the proposed departure from the code of ethics, the Record asserts that this large and influential body of physicians has placed itself in the attitude of a set of machine politicians who have "fixed the primaries." Surely this is the last ditch. Our New York confrères who one year ago championed the new code at Albany, and who have persistently urged its adoption since, have made a grand mistake. They believed that the City of New York was the United States, and that the medical profession in New York City controlled the professional sentiment of the entire country. They are just beginning to realize that they do not control medical thought in their own State. If the new code is not repudiated by the State Society at its approaching meeting at Albany, in accordance with the instructions already given its delegates, there will be a breach of good faith on the part of the membership unequaled in the proceedings of any political convention on record.

PERSONAL.—Professor Virchow continues to improve in health. He has been suffering from an attack of acute nephritis, and is now reported free from fever, and the amount of albumen in his urine is steadily declining. Professor Virchow is one of the greatest of living scientists, and it is to be hoped that he will be spared to his chosen pursuits for many years to come.

OUR latest English exchanges report Sir Thos. Watson as gradually growing weaker, and but little hope is entertained of improvement in his condition.

MR. GEORGE CRICHT, the celebrated London oculist, died recently at the age of sixty years.

Six medical journals are published in Japan in the native language.

MISCELLANY.

CHLOROFORM DEATHS.—During the past few months a number of deaths have been reported from the inhalation of chloroform in the hands of physicians. In our own country most distressing accidents of this character have been reported from Charleston, South Carolina, and Richmond, Virginia. In each of these instances the anesthetic agent was administered by surgeons of well-earned distinction who have had wide experience in the use of anesthetics, and both are known to be prudent, careful, and painstaking surgeons. In both these instances the patients were women, and death occurred quickly at the very beginning of the process of anesthetization, and before the operation was performed. Recent exchanges announce another death from chloroform in Quebec, Canada. In this latter instance the patient was a lad of ten years, and the anesthetic was administered preparatory to a very trivial operation. Death occurred suddenly in all these cases from paralysis of the heart, and the most skillful and persistent efforts to revive the patient were made without avail. In none of these cases were any evidences of heart disease found by auscultation and percussion, and no lesion was suspected. The lesson of these recent accidents with chloroform is that in the most experienced and careful hands death may occur from this agent; that chloroform is particularly dangerous when exhibited to subjects having weak hearts; that recent experiences confirm the belief already prevailing in America in the superiority of ether over chloroform as a safe anesthetic.

IODOFORMANIA: IODOFORM IN OCULAR DISEASES.—As a contribution to the subject of iodoformania, to which we alluded in a recent issue, we append the following conflicting experiences, taken from the *Wiener Med. Woch.* Iodoform, as finely powdered as calomel, and also in the form of an ointment (one part iodoform to ten vaseline), has been used in Leber's clinic (Medical Times and Gaz.). The healthy conjunctiva tolerates both the ointment and powder. An eye that is slightly inflamed only endures the preparations in moderate quantity, whilst free application increases inflammation. Some eyes can not stand iodoform at all, though this is rare. Iodoform is used with the greatest benefit in recent wounds of the globe or lids, whether accidental or

from operation. In the various forms of ophthalmia it is valueless. In association with boracic-lint dressing the preparation does good in cases of spreading ulceration of the cornea. Another benefit conferred by iodoform is relief from pain. Grossmann got good results from the use of iodoform only in profuse suppurations—in gonorrheal ophthalmia and ophthalmia neonatorum (P. Smith confirms this observation). Dr. Lange, of St. Petersburg, on the contrary, treated six cases with no good, but rather harm. The chief danger resulted in cases of granular lids, which became much more exuberant, and, filling up the conjunctival sac, endangered the nutrition of the cornea. Lange cautions against its use in ophthalmia neonatorum, and Hirschberg teaches that there is no reason whatever to set aside the use of the trustworthy lapis divinus. Fischer believes that iodoform is tolerated well in most ocular diseases: it is very effectual in cases of scrofulous pannus cornea; it is an excellent antiseptic; it promotes granulation and rapid regeneration of corneal epithelium; it is of value in lachrymal abscess with discharge.

THE DURATION OF LIFE IN LONDON.—Dr. Corfield calculates that while the mean duration of life in all London is a little under *thirty-six* years, in the aristocratic parish of St. George's it is *fifty* years. The average, however, is made up of rather wider extremes, for while it is only forty-six and one third in Belgravia, it is fifty-seven in the Hanoversquare sub-district, and even sixty-six and one fifth in Mayfair. The latter fashionable quarter seems, indeed, to be, of all places in London proper, the spot where remarkable instances of longevity might naturally be looked for. Dr. Corfield in his report directs attention to the fact that in the "inner ring" of the suburbs of London, which takes in a population of nearly a million, the corrected death-rate last year was only sixteen per thousand, which was lower than that of any of the fifty-seven town-districts in England, except Reading, Maidstone, Dover, and Cheltenham. In the rest of London, however, comprising not many fewer than four millions of persons, the death-rate was twenty-one and two tenths.

DR. J. D. BRYANT, Professor of Anatomy in Bellevue Hospital Medical College, has been appointed Surgeon-General of the State of New York by Governor Cleveland.

CASUALTY COINCIDENCES.—It has been often noticed by hospital-surgeons that severe, curious, or out-of-the-way accidents seem to occur in groups, and that when one patient is admitted with an unusual injury a second of a somewhat similar character may be expected shortly to follow. This "fortuitous coincidence" has been illustrated lately at the Middlesex Hospital. About five weeks ago, within ten days, five patients were brought into the hospital who had fallen from houses—three from windows and two from stable-lofts (*The Lancet*). During the past week two accidents of a similar and unusual kind were admitted within twenty-four hours. On Wednesday evening a lad, aged fourteen, had his foot torn off by machinery; and on the following morning before ten another lad, aged nineteen, was taken to the hospital with his hand lacerated also by machinery in a similar manner. The following is a brief account of the cases: At about seven o'clock in the evening the first boy, aged fourteen, was getting on the stool upon which he stood for the purpose of lifting off the papers from the printing-press, when he slipped and was caught by his left foot in the fly-wheel, which was in motion, and was carried round by it three times before the machine could be stopped. When admitted it was found that his foot, with the boot, was wrenched from his leg, and was hanging only by the tendons. The tibia, which was bare of integument for about four inches, was unbroken, but standing away from the foot; the fibula was broken off just above the malleolus. On the following morning another accident very similar to the preceding one was admitted. The lad, aged nineteen, had been cleaning the engine while in motion, and was walking away, when his foot slipped on some grease and his right hand slid down the back of the cylinder and was caught at the bottom by the crank, which seized the thumb and tore the ball of it from the palm of the hand, breaking its metacarpal bone and wrenching it away from its articulation with the trapezium.

By an order adopted November 22d, the Boston Board of Health forbade public funerals over the remains of persons who have died of smallpox, scarlet fever, diphtheria, or typhus fever, unless the written permission of the board is first obtained. Bodies of such persons must be placed in tight coffins and may not be exposed to view.

MEAT AND TUBERCULOSIS.—At the new cattle market and slaughter-house, Hanover (*Med. Times and Gaz.*), every carcase is submitted to a microscopical examination before being sold. In one month, out of six hundred and thirty-seven head of cattle thus inspected, sixteen, or two and a half per cent, proved to be more or less affected with tuberculosis or consumption, and were instantly condemned, the disease being held to be communicable to human beings through meat taken as food. In London no such provision is exercised, and if the proportion of affected animals is the same as at Hanover, it follows that seven thousand five hundred head of cattle which have suffered from the disorder are eaten in the metropolis every year, to say nothing of the dead meat which comes to London from the country and from abroad.

LUXATION OF THE JAW.—The late Professor Gibson used to tell a good anecdote in regard to luxation of the jaw. "An old and quite wealthy man came into the office of a surgeon with a luxation of the jaw and made motions to have it reduced. The jaw was reduced, and, on being asked the fee, the doctor mentioned an amount which the man regarded as entirely too much, and insisted on its being reduced one-half. The surgeon said no more about the fee, but began to talk, and pretty soon told a laughable story. The man began to laugh heartily, and out went the jaw. He again made signs to have it reduced, but the doctor said, 'When you pay down my fee I will put in your jaw.'"
—*Medical Record*.

OPIUM SMOKING.—Mr. Brereton, late of Hong Kong, writes: I had daily intercourse with the people from whom the best and most trustworthy information on the subject of opium can be obtained, and my experience is that opium smoking, as practiced by the Chinese, is perfectly innocuous. Every day artisans can be seen smoking an opium-pipe—walking, standing, sitting—drop their work for a few minutes to take a few whiffs of their long pipes, lay them down and proceed to work again, a dozen times a day, with no more concern than a European would display over a dozen cheroots, the effect on the smokers being in all cases equal, that is, apparently, *nil*.

YELLOW FEVER MORTALITY.—Of the 2,280 cases of yellow fever at Pensacola only 194 resulted fatally.

THE RETIREMENT OF DR. HOLMES.—Dr. Oliver Wendell Holmes delivered his farewell lecture before the students of Harvard Medical College on November 28th. The ceremony was a most interesting one. The amphitheater was packed, there being many physicians and old students in the audience. The entrance of the doctor was marked by the rising of the students, and as their applause ceased one of them presented him in behalf of his last class with a beautiful loving-cup inscribed with a quotation from one of his own poems.

Beginning his address, Dr. Holmes said there were three times in a man's life when he might properly consider himself the center of attraction—at his christening, at his marriage, and at his own funeral. This, the beginning of his thirty-sixth course of lectures on anatomy, was the end of his connection with the school. For about half of this time he had also taught physiology, but with the growth of the science he had gladly given it over to form a new department. It was a good thing for a college to get rid of her old men. Their ideas were antiquated, and the college had better let them go. He had held his office so long because he had taught a subject which could never become antiquated. In his lifetime it had received very few important additions. He had begun the study of law in his youth as an experiment, but for various reasons had turned his attention to medicine. While in the Law School he had engaged with some friends in publishing a paper, and for the first time saw himself in print. From the printer's type he had contracted the disease of authors—head-poisoning—which he had never quite got rid of. The doctor finished with some practical remarks on the way in which the science was tending. Dr. Holmes has been made Emeritus Professor of Anatomy in the college.—*Medical Record*.

NIGHT-BLOOMING CEREUS.—Dr. Harvey L. Byrd, of Baltimore, states in the Detroit Clinic that his suggestions, made some time since, relative to the night-blooming cereus as a remedy for acute rheumatism, have been verified by himself and several of his colleagues. He considers it particularly valuable in relieving and preventing heart complications. He administers the fluid extract in doses of eight or ten drops *pro re nata*.

DURING the month of July the total number of passengers arriving in New York from Europe was 18,513.

THE WOMAN DOCTOR IN FICTION.—The Boston Medical and Surgical Journal says: The differences between the novelist's doctor and the doctor's doctor are usually sufficiently striking, but what shall we say of the homeopathic female novelist's female homeopathic doctor. To many of those who are reading "Doctor Zay" in the Atlantic, the "scientific" aspects of the story must be among its most entertaining features. Yorke, the hero, having "dislocated his ankle and concussed his brain," falls (possibly as a symptom of the latter injury) madly in love with his doctor. She, however, being already wedded to her art, and not being bigamously disposed, gives him no encouragement. But if the suitor gets only homeopathic doses of sentiment he receives heroic ones of scientific information. The doctor's remarks always savor of the "shop," the character of the shop and the quality of its product being shown as follows: Speaking of his passion the patient says, "It is beyond the reach of any pellet in your little case; the remedy is not in your *Materia Medica*." "That may be true, but Nature has her own unerring prescriptions. A single dose of absence—even in the first attenuation—will work a recovery that will astonish you, sir." Again she says, "I can not demonstrate to you the futility of your hope. . . . Let us both consider this a case of aphonia and aphasia, and be done with it." "Explain yourself to the ignorant, my learned physician." "Aphonia is inability to speak—" "Oh, yes; my Greek might have stood me for that. And aphasia is inability to hear?" "Precisely." "That is a scientific reply," said Yorke, regarding her keenly.—*Boston Med. and Surg. Journal*.

INTERMITTENT FEVER IN ATHENS.—In a paper read by Prof. Caramitzas at the Athens Congress, he states that that capital suffers much from marsh fever. Thus, among the 34,471 cases of disease treated at the Athens Polyclinic during 1860–1870, there were 10,373 cases of marsh fever. The proportion varied in different years, the highest having occurred in 1865, when more than half the cases treated (2,924 of 5,188) were marsh fevers.—*Gaz. Méd. d' Orient*.

AN OLD SMOKER.—An inmate of the Uxbridge Union Workhouse, England, named Ann Wood, arrived at the age of 102 years in March last. She is, says the Medical Times and Gazette, an inveterate smoker, and the guardians offer no opposition to her indulgence in the habit.

PROF. GROSS writes the following letter to the Maryland Medical Journal:

"PHILADELPHIA, Nov. 21, 1882.

"*Gentlemen*: Will you kindly correct an error which crept into 'Our New York Letter,' issued in the last number of your valuable journal, and thus save me from becoming an idle and useless man during the remainder of my life? The writer of the letter is not responsible for the error, for he only repeats what the New York reporters said, without any authority, in their accounts of Dr. Sims's reception. I have not retired from practice, and have no such intention so long as I have eyes to see, hands to work, and a brain to guide my actions. I can not consent to lock up my experience, or to consign myself to ennui and obliviousness. I am determined to work to the end whenever that may come.

"I thank you very cordially for your kind notice of my book, and your beautiful remarks upon the life and character of our great countryman, J. Marion Sims, who has done so much to ennoble our profession and to alleviate human suffering.

"I am very truly your friend,
"S. D. GROSS."

A WORTHY EXAMPLE.—A beautiful memorial of his daughter, who died last summer, has been made by Senator Edmunds, by endowing in her name a room in the Mary Fletcher Hospital, Burlington, Vermont. Over the door, outside, a handsome tablet bears the name, "Julia M. Edmunds," and the date of the endowment. Within, the room is luxuriously furnished, every article in it being marked with the initials "J. M. E." On the wall hangs a superb engraving of Millet's painting, *L'Angelus*. The endowment, \$5,000, provides for the support and care of one free patient, and its first beneficiary has just been received.

Practical charity is not so common in this country but that so beautiful an example of it should be given extensive notoriety. No one could erect a more lasting or pleasing monument to the memory of a dear departed one than by following this worthy example. Our hospitals are none too rich, and such munificence would enable them to dispense even more charity than they do at present.—*Medical and Surgical Reporter*.

AN ovarian tumor was recently removed from a child aged two years by Dr. Hings-ton, of Montreal. So says the Canada Lancet.

Original.

A CASE OF TRAUMATIC EMPHYSEMA.

BY R. W. DUNLAP, M.D.,

Member of the Kentucky State Board of Health, ex-President of the Kentucky State Medical Society, etc.

On September 18th of the current year, W. W. S., aged fifty-six years, a robust, vigorous, and heavy man, while working under the rays of a hot sun, was overcome with the heat and fell from his seat on a cart to the ground, a distance of six feet or more. Being insensible, he fell with his entire weight on his left shoulder, dislocating the humerus and fracturing two ribs near their angles. When I examined him, within an hour from the time of injury, the crepitation of air underneath the skin in the meshes of the areolar tissue was distinctly felt near the spine over the fifth and sixth ribs of the injured side. This emphysematous condition spread so rapidly that within an hour it had involved the areolar tissue of the chest, and at the end of twenty-four hours from the time of injury the connective-tissue area of the entire body, including the face and extremities, was filled with air. The face was so swollen as to render the patient difficult of recognition on the part of his most intimate friends, and the scrotum was as large as a man's head. The pleural cavity of the injured side was so completely filled with air that the respiratory murmur could not be heard. The left lung being thus inactive in consequence of the injury and pressure, the patient had great difficulty in breathing and suffered intensely with a feeling of impending suffocation. He was unable to lie down, and suffered intensely in consequence of this difficulty.

The only remedy which seemed to me advisable for immediate relief was to incise the skin in a number of places, and thus give escape to the air. But considering the age of the patient, his weight, one hundred and eighty pounds, and the probable continued leakage of air from the wounded lung, and the extensive and numerous incisions which would be required, it was thought advisable to await developments. Dr. L. S. McMurtry, of Louisville, being in this place at that time on a professional visit, saw the patient with me, and fully indorsed the expectant course which I had instituted in the management of the case. The patient was made comfortable by mor-

phia hypodermically administered; the bowels were relieved by enema; nourishment and occasional stimulants were given, and the patient otherwise made as comfortable as possible. After several days it was evident that the air was being absorbed. The swelling began to subside first from the face and upper portion of the chest; then the scrotum decreased in size, and gradually the emphysema disappeared from the body. With the subsidence of the swelling, the respiratory function improved. Within ten days the emphysema had entirely disappeared, and the vesicular murmur could be heard over the upper portion of the wounded lung. From that time the improvement was very rapid, and although for several weeks the patient was very feeble, at the end of two months he was able to resume his work.

This case presented many interesting features to the writer during its progress, and in many respects is unique and suggestive. In the first place it is difficult to see how a wound of the lung, in a subject past the middle period of life, so extensive as to allow a complete pneumo-thorax with general emphysema of the body, could occur without producing pneumonia or pleurisy. The symptoms in this case throughout were such as to preclude such a serious complication from the case. While he suffered pain and great difficulty in breathing, the temperature never rose above one hundred degrees, the pulse never exceeded ninety; there was no pneumonic sputa or evidence of consolidation, and the cough was of asthmatic character. Again, it is difficult to determine how the broken rib could penetrate the pleura costalis and pleuralis so as to allow the escape of air, and then adjust itself and become united with so little evidence of inflammatory action in its immediate vicinity. The solution of these difficulties which seems to my mind most in harmony with the symptoms and results is that when the pleural cavity was filled with the escaping air the lung collapsed. After a time the great activity of the respiratory muscles readjusted the fractured rib and liberated the lung. With the healing of the wound in the lung, the escape of air of course ceased. The alarming character of the symptoms developed in this case and the gratifying result, together with the meagre literature of the subject, have induced the writer to place these notes on record.

DANVILLE, KY.

Correspondence.

THE TREATMENT OF FRACTURES.

Editors Louisville Medical News:

A late number of the NEWS contained a short paper of mine advocating the use of the plaster-of-Paris dressing in fractures of the lower extremity. The paper expressed the principles practiced by the doctors, and as taught by the professors of surgery in the schools, of the Southwest.

In the East—that is to say in the Philadelphian part of it—different principles are taught and practiced. The writer had the great benefit of learning the Philadelphian principles of dressing fractures from the lips of Gross, Ashhurst, Agnew, Morton, etc. These surgeons all advocate the same modes of treating fractures of the lower extremity. The plaster-of-Paris dressing is conspicuous in its absence. Strange, indeed, that the Philadelphian professors, otherwise somewhat at variance, should so thoroughly coincide in their views in regard to the treatment of fractures. A brief description of these views may be of interest to the readers of the NEWS.

Fractures of the leg—tibia, fibula, or foot—are *always* put into the old-fashioned fracture-box. Be the fracture a simple, a compound, a comminuted, or a complicated one, this fracture-box is always used. The padding in the box is a common pillow in a simple fracture, and oakum, cotton, or bran in more serious fractures. Of course, the patient is kept in bed for weeks. The Philadelphia surgeons never dream of putting a patient with a simple fracture of the leg on crutches on the third or fourth day after the accident.

Fractures and injuries of or near the knee-joint are placed in a long fracture-box or dressed with the wire-brace dressing. Fractures of the thigh are treated by extension, the adhesive strips, the pulley, and weight, counter-extension—the weight of the body—the long splint from the axilla to the foot-board of the bed, the short splint from the groin to the foot-board, and the long, narrow sand-bags, which are placed between the limb and the splints. Tapes pass from one splint to the other. To the question, how long the patient should remain in bed, Dr. Ashhurst answered, nine weeks.

Fractures of the upper extremity are treated with splints pretty much on the Western plan, except the splints used by the Phila-

delphia surgeons are machine-made. Undoubtedly they think life too short to waste the time in whittling splints, when they can be bought ready-made. The Ahl splints are commonly used and are recommended by Dr. Thomas G. Morton, of the Pennsylvania Hospital. This hospital is called the fracture hospital of the city, on account of the many cases of fracture brought to its wards.

During his lectures on the subject of fractures Dr. Morton said that fractures occurring in persons afflicted with carcinoma, phthisis, and other organic diseases, healed very readily. Fractures occurring in the advanced stages of albuminuria—called by Dr. Tyson "white hemorrhage"—and diabetes do not unite, however, or at least very seldom. This was simply stated as a fact, and no cause or explanation was offered.

In fractures of the elbow-joints Dr. Agnew dresses the arm with the thumb pointing to the patient's chin. Dr. Ashhurst, however, believes in letting the thumb point outward and the palm of the hand upward. Both these surgeons agree on all other points in fractures.

In conclusion, the writer refers his Philadelphia brethren to page 54 of Stephen Smith's *Operative Surgery* to a quotation from Dr. D. W. Yandell on a neat and serviceable gypsum dressing. There may be echoed of the plaster-of-Paris dressing what Dr. Ashhurst says of the fracture-box, "I know no better dressing."

E. J. KEMPF, M.D.

PHILADELPHIA, December 4.

Reviews.

Manuel de Pathologie Interne. Par G. DIEULAFOY, Professeur agrégé à la Faculté de Médecine de Paris, Médecin des Hôpitaux, Lauréat de l'Institut (Prix Monthon) Chevalier de la Légion d'Honneur, Paris. G. Masson, Editeur.

This hand-book of the Practice of Medicine is to consist of two volumes. The first volume and the first part of the second volume have already been published; the second part of the second volume is not yet out.

M. Dieulafoy is known to the medical profession of this country as the inventor of the aspirator and author of an excellent work written on this instrument and its application to the treatment of numerous affections *admitting* of its use. The appearance of this work is therefore welcomed as cer-

tain to be an able exponent of the most recent and the best views of our French confrères on the subjects of pathology and therapeutics. It is not a work of encyclopedic pretensions, but just what it claims to be, a hand-book. Viewed as such, it must be admitted to be a very excellent work. Of small size, printed on thin paper, it is easily carried about in one's pocket; the type is large enough and quite clear. The parts so far out furnish a vast amount of reading matter for so small bulk.

The first volume is taken up with the diseases of the respiratory organs, of the circulatory organs, and of the nervous system. It contains 512 pages.

The first part of the second volume gives the diseases of the digestive organs, viz., of the mouth, pharynx, esophagus, stomach, intestines, liver, and of the peritoneum.

The descriptions are clear and concise. The author possesses in wonderful degree the talent of condensing his materials and of saying a great deal in very few words. The part devoted to the treatment of the various diseases described is less satisfactory because the directions are too general. The author's therapeutics must, to the American physician, appear very inadequate. In some instances they are entirely at variance with the teachings of experience in this country.

In the treatment of capillary bronchitis M. Dieulafoy recommends emetics, blisters, dry cupping to the chest, even in infants; ipecacuanha in children; tartar-emetic and ipecacuanha in adults; syrup of chloral, syrup of morphia, orange-flower water.

The excellent results obtained with carbonate of ammonia and with iodide of potassium seem to have escaped his notice. One reads with surprise the author's recommendation of the use of blood-letting, by means of leeches or venesection, and tartar-emetic in pneumonia. It would be interesting to learn the rate of mortality obtained by the author by these means. Indeed, so far as our Gallic brethren are concerned, Bennett might as well never have written his masterly articles upon the principles of treatment of pneumonia by "*furthering the natural progress of the disease*," or published his statistics giving the results of this beneficent plan. M. Dieulafoy does not even mention that hot fomentations have ever been used in this disease, still less that they have ever been found of value.

The article on fatty degeneration of the heart is exceedingly defective. The nitrite

of amyl the author appears to have no acquaintance with, either in asthma or in angina pectoris.

The therapeutic resources of the French school, if one is permitted to judge by M. Dieulafoy, are strangely limited. The author displays a degree of ignorance of the science of therapeutics as practiced in the United States and Great Britain which is absolutely astounding. O.

A Treatise on the Physiological and Therapeutical Action of the Sulphate of Quinia. By OTIS FREDERICK MANSON, M.D., Professor of Physiology and Pathology in the Medical College of Virginia. 1 vol. Pp. 164. Philadelphia: 1882. J. B. Lippincott & Co.

The first appearance of this volume excited a feeling of wonder. There seemed to be no long-felt want that it might be expected to fill, the more recent works on materia-medica and therapeutics giving full and minute accounts of every thing that we know, and a good many things that we don't know, of this important drug.

Curiosity was at once aroused to learn what new experiments and discoveries the author might perhaps have made, in what new aspects the great remedy might have been studied by him. As the reader pores over page after page his wonder why this book was ever written becomes greater, and the mystery of its existence deepens. The curiosity felt at first, finding no pabulum, weakens and soon becomes extinct. The book contains nothing original or new, and much of the most recent knowledge on the subject treated of is omitted. It belongs to the genus ephemera, and will soon pass into well-merited oblivion. O.

Books and Pamphlets.

HOW CAN WE OBTAIN AND PRESERVE THE BEST EYESIGHT AND HEARING. A paper read before the Sanitary Convention by LEARTUS CONNER, A.M., M.D. Detroit, Mich. 1882.

MONTEREY, MEXICO; THE INVALID'S PARADISE, AND WHERE TO GO TO WINTER. Chicago: Poole Brothers, Printers. 1882.

TRANSACTIONS OF THE MINNESOTA STATE MEDICAL SOCIETY FOR 1882. A handsome volume containing a large number of valuable reports and clinical observations, and highly creditable to this society, which is now in its fourteenth year.

RHEUMATISM, GOUT, AND SOME ALLIED DISORDERS. By MORRIS LONGSTRETH, M.D., attending Physician to the Philadelphia Hospital; Lecturer on

Pathological Anatomy at the Jefferson Medical College, Philadelphia, etc. New York: William Wood & Co. 1882. Being the October volume of Wood's Library of Standard Authors.

ANNUAL REPORT OF THE NATIONAL BOARD OF HEALTH FOR THE YEAR 1882. Washington: Government Printing Office.

HYSTERECTOMY IN MALIGNANT DISEASE. By G. A. MOSES, M.D. Reprinted from the St. Louis Courier of Medicine for September, 1882.

THE NEGRO MORTALITY OF MEMPHIS. A paper read before the American Public Health Association, at Indianapolis, October, 1882, by G. B. THORNTON, M.D., President of the Memphis Board of Health.

This brochure is a valuable contribution to the vital statistics of the United States. It includes the results of an immense amount of labor gleaned from many sources and placed here in available shape. The practical applications of these investigations are presented in a clear manner and will be of value to physicians and health boards throughout the South, where the problem of negro mortality and conservation of the health of such a large element of population must receive deserved attention. All interested in this important subject would do well to study Dr. Thornton's excellent paper.

THE POPULAR SCIENCE MONTHLY for December contains a number of papers interesting and instructive to medical men. The first original article is on "The Data of Ethics," and is replete with interesting studies relating to physiology and psychology. "Brain-weight and Brain-power," by Dr. P. H. Boileau, and "The Cell-state," by Prof. Ferdinand Cohn, of Breslau, are also admirable presentations of present scientific thought on these attractive topics. The Editor's Table and Miscellany possess the usual interesting features.

THE MEDICAL RECORD VISITING LIST AND PHYSICIAN'S DIARY, published by William Wood & Co., of New York, has been received at this office. It is a very handsome pocket record, well adapted to the purposes of the physician. The text includes a posological table, with notes on poisons and their antidotes, and on emergencies. A calendar and table for estimating the duration of pregnancy are included in this portion of the book. The arrangement of the visiting list, obstetric record, register of births and deaths, and general memoranda is convenient. The paper is excellent, and the entire make-up of the book is stylish and substantial.

A NEW edition of Bartholow's Manual of Hypodermatic Medication has appeared during the last few weeks from the press of the Lippincotts; a second edition of the same author's work on Medical Electricity has recently been issued by Henry C. Lea's Son & Co.; and new editions of both the *Materia Medica and Therapeutics* and the *Practice of Medicine* of this able and industrious author have been issued from the press of the Appletons.

Selections.

Chronic Alcoholism—Its Pathological Aspects.—Excerpts from an article by G. K. Sabine, M.D., in Boston Medical and Surgical Journal:

Changes in the Skin: In the early stages of this affection the skin is remarkably smooth and soft, owing to an increase in the fatty tissue. Later on the skin becomes dry and on the extremities hard and inelastic.

The Blood: The most striking change in the blood is an increase in the watery elements, and diminution in the fibrine. It contains much serum, forms no or only very small coagula, and is of a very dark color. Another peculiarity presented by the blood is the increase of fat.

Fatty Tissue: There is a marked increase in the subcutaneous fat, in the fat between the muscles about the different organs, especially heart, kidneys, intestine, in the greater and lesser omenta, in the mesentery, etc. In the later stages of alcoholism, when the digestion becomes impaired and the blood deteriorated, this accumulation of fat disappears. According to Rokitsky there is an increase of fat in the marrow of the bones, the bony tissue at the same time being atrophied.

The Stomach and Intestine: A chronic catarrhal condition of the stomach is quite constant, and appears early in the disease. This is indicated by abundant soft gray mucus, projections of the mucous membrane, and by the slaty color that occurs, especially near the pylorus. Owing to the disturbance of circulation which takes place later in other organs the return of the blood from the stomach is interfered with so that a varicose condition of some of the veins is produced. The hypertrophy is very apt to be accompanied by dilatation of the glands, due to compression at their outlet, so that small cysts which are filled with a clear fluid and project from the surface result. The continued irritation of the diseased mucous membrane is productive of a variety of ulcerations, from the small hemorrhagic erosion, characterized by a superficial loss of substance, to the so-called round or perforating ulcer.

The Liver: The liver is the first and most severely affected by the abuse of alcohol of any organ in the body. The alcohol being taken up by the portal system is carried directly to this organ, and there, by its irritating effect, produces various disorders according to the individual's condition, and more especially the character of the alcohol. The more concentrated the alcohol the sooner and the more severely is the liver affected. Among the causes of fatty liver the abuse of alcohol is one of the most prominent. It is probable the alcohol acts by retarding the metamorphosis of tissue, and the blood being overcharged with fat deposits it in this organ.

Interstitial Hepatitis—Cirrhosis of the Liver: The most common cause of this form of interstitial hepatitis, which extends uniformly over the whole organ, is usually considered to be the intemperate use of alcohol—still this is not necessary; most drunkards do not have a cirrhotic, but a fatty liver, and many persons with cirrhosis are not in the habit of drinking.

Organs of Respiration: Drunkards are very subject to catarrh of the larynx, which is often accompanied by a similar condition of the pharynx. This catarrhal inflammation of the larynx not unfrequently extends into the bronchi. A very important question

is whether the habitual use of alcohol predisposes to disease of the lungs.

The Heart: In habitual drunkards the heart is almost always found hypertrophied. This hypertrophy may be brought about in many ways. As is well known the effect of alcohol is to increase the frequency and force of the pulse. Whenever a muscle is called upon to do an extra amount of work the effect is to increase the size of that muscle.

The Vessels: The change in the capillaries consists in an increase in their lumen, that of the smaller and larger arteries in the so-called atheromatous degeneration. The dilatation of the small vessels and passive hyperemia of all the organs has been explained on the ground that the alcohol has a paralyzing effect upon the vaso-motor system; also, that the alcohol, by its irritating effect upon the walls of the vessels, causes a fatty degeneration of the same, and as a consequence a loss of tonicity.

Affections of the Urinary Organs: After each ingestion of alcohol the secretion of urine is increased, as a larger quantity of water is excreted with it. The diseases of the kidneys which most frequently occur in drunkards, and especially in the latter stages of alcoholism, are the parenchymatous and interstitial or granular nephritis. This latter is divided into two stages, that of infiltration of cellular elements, and the other of connective tissue formation. At first the inflammatory process produces an active hyperemia, with an exudation of fluid and white blood corpuscles into the interstitial connective tissue. This in turn is productive of anemia, impaired nutrition of the renal epithelium, and granular degeneration of the same.

The Nervous System: The affections of the nervous system in drunkards are both numerous and important. No organ, with exception, perhaps, of the liver, suffers so constantly and from such a variety of lesions as the central nervous system. Many alterations in the functions are recognizable after death by a change in the tissues, but there are various affections, on the other hand, which point to a marked change in the cerebro-spinal system that can not be detected.

The Brain: The calvarium is altered. It is increased in weight by hyperostosis and sclerosis, both the outer and inner table being thickened. The cancellated structure is more dense, owing to a concentric formation of bone about the Haversian canals. Upon the inner surface the channels of the vessels are deeper than normal as well as the depressions for the pacchionian bodies. There is an increase in the amount of blood in the brain owing to the abnormal action of the heart and fatty or atheromatous degeneration of the walls of the small vessels, or diminished nutrition of the same, which paralyzes them so that their lumen becomes increased and hyperemia results.

Cerebral Apoplexy: An effusion of blood into the brain substance frequently occurs in drunkards. All conditions brought about by the intemperate use of alcohol which tend to produce cerebral hyperemia favor, in a marked degree, the occurrence of either large or capillary effusions.

Serous Apoplexy: An acute or chronic serous effusion into the cavity of the skull, into the brain substance, or into the membranes of the brain, and into the cavity of the arachnoid, may result from the abuse of alcohol. In alcoholism the blood is poor in plastic material, and as a consequence the transudation is favored. Either an acute or chronic collection of

fluid in the ventricles of the brain is not an infrequent result of drunkenness.

Pachymeningitis Interna Chronica. This inflammation of the inner surface of the dura mater consists at first of a very slight layer of fibrine on the surface of the dura, from which a thin layer of connective tissue is afterward developed, which adheres to the surface of the membrane. A second and third layer of inflammatory exudation is then formed, and so on until there are many layers. The dura mater thus becomes materially thickened. Each one of these layers is vascular, and occasionally one of these vessels ruptures, resulting in a hemorrhage between two of the layers.

Fifty Screw Worms from a Patient's Nose. Dr. Edward G. Cochran, of Montgomery, Texas, reports in the College and Clinical Record this remarkable case: On the 25th of September I was called to a mulatto woman in haste. She was reported to be dying, and before I reached her she had several convulsions, and was only partly conscious. She complained of a dull, heavy pain in the head, especially in the frontal region and across bridge of nose. Temperature 103° , pulse rapid and weak, tonsils much swollen; had suffered with chronic nasal catarrh a long time. I diagnosed acute inflammation of the lining membrane of the nose and frontal sinuses, extending into the pharynx. On the 26th the symptoms continued, and she also presented some brain symptoms; 27th, symptoms were more aggravated, the pulse 140 or 150, the patient weaker and discharge from nose more profuse and very offensive. Ordered a wash of chloral hydrate injected, to destroy smell. Several days before this, from some cattle, I had obtained a quantity of screw worms, and I thought the peculiarly disagreeable odor about them was similar to that of the discharge from the patient's nose. The bloody water discharge also suggested the presence of the screw worms.

The following morning a screw worm was blown from the patient's nose, which had probably been loosened by the injection of the chloral wash. Every thing was now plain. Making the patient hang her head over the edge of the bed, with face turned upward, I poured a mixture of calomel and sweet oil into each nostril. In a few moments the worms appeared, and continued coming until they numbered about fifty. Immediate relief followed. Next day I found her laughing and chatting without fever or pain. These screw worms, I believe, are peculiar to the South, and are only seen here in hot weather. They come from eggs deposited by a little gray fly upon any surface that has fresh blood upon it. They are very destructive to cattle, sheep, hogs, etc., causing death if not removed.

Gastrostomy.—A case of Gastrostomy is recorded in the British Medical Journal, by R. H. Bouchier Nicholson, M. R. C. S. The result of the operation was, as usual, successful in relieving the patient of his cancer and other troubles. Gastrostomy and gastrotomy so far have proved fatal to the patient in about ninety per cent of the cases, and the other ten have died.

A Blow to the last Bacillus.—The bacilli of tubercle are only fat crystals, Dr. H. D. Schmidt, President of the Pathological Society of New Orleans, has lately discovered, and are not parasites, as Professor Koch has led the world to believe.

Puerperal Diabetes.—A paper on this subject was read by Dr. Matthews Duncan, at a late meeting of the London Obstetric Society. The author pointed out the distinction between the slight glycosuria of pregnant and suckling women and real diabetes, with its polyuria and large amounts of sugar. Physicians and surgeons were well aware of the dangers introduced into their cases by complication with diabetes. But the subject of diabetes complicating pregnancy and parturition had attracted almost no attention; and this probably arose from its rarity, which might be accounted for by the disease frequently destroying in women the sexual energies, as it is said to do in man. The author had collected twenty-two cases in fifteen women, and they demonstrated the great gravity of the complication as respects both mother and child. Of the twenty-two pregnancies (including those ending prematurely), four had a fatal result soon after delivery. In seven of nineteen pregnancies in fourteen women, the child, after reaching a viable age, died during pregnancy; in two the child was born feeble and died in a few hours—making an unsuccessful issue in nine of nineteen pregnancies. The histories showed that diabetes may supervene on pregnancy; that it may occur only during pregnancy, being absent at other times; That it may cease with the cessation of pregnancy; that it may come on after parturition; that it may not come on in a pregnancy occurring after its cure. They showed that pregnancy may occur in a diabetic woman; that it may be not appreciably affected in its natural progress and termination by the disease, and that it is very liable to be interrupted by death of the fetus.

Dr. Robert Barnes had investigated the condition of the urine in pregnancy, as to albumen, urea, and sugar. The occurrence of sugar was physiological, though not constant. Sinéty had shown that sugar appeared in the urine when lactation was suppressed; this was of interest in connection with the normal fatty change in the liver shown by Tarnier to occur in pregnancy. He (Dr. Barnes) drew a parallel between albuminuria and glycosuria during pregnancy. Both were physiological, but might pass the physiological boundary, and then grave accidents ensued.

The Treatment of Chronic Gastric Disorders.

M. Brocha, in a series of articles (*Le Progrès Médical*), strongly advocates, in ulcers of the stomach and gastritis from various causes, the systematic washing out of the stomach and artificial feeding. He advocates the use of the siphon tube, claiming that in a very short time the patient can learn to wash his stomach out himself. The washing over, the patient is fed, before the tube is withdrawn, powdered meat, raw eggs, milk, or broth. He lays great stress on the advantages of over-feeding the patient, and mentions 600 grams of raw meat, a dozen eggs, and three litres of milk as a daily allowance that may easily be exceeded. It is necessary to commence gradually to ascertain that the patient can digest milk and eggs well.

Belladonna Poisoning.—A case of severe and protracted sciatica cured by one eighth of a grain of sulphate of atropia, hypodermically injected, is reported in the Lancet. The patient's symptoms consisted of dilated pupils, thirst, dryness of fauces, frequent desire to pass water, with a lively delirium. These all passed off without treatment in about eight hours, leaving the patient cured of his sciatica.

Dr. Balfour on Diseases of the Heart.—In lecture ix, on the variation and vanishing of cardiac murmurs, Dr. Balfour offers a good deal of sound advice to practitioners, many of whom, he very justly remarks, are not at all aware how frequently complete restoration to health may follow after perfect development of regurgitation through either, or even through both valves. The curious phenomenon of variation in the same murmur, which may completely disappear one day to be present again the next, and the failure to appreciate its significance, have sometimes led to erroneous and embarrassing statements of opinion of the most contradictory nature. Perceiving the great desirability, therefore, of avoiding this confusion, Dr. Balfour gives directions for conducting a thorough examination of the heart in such a manner as shall prevent all possibility of deception being caused by such murmurs, and during which the stethoscope need not be employed at all. "If we trust," he urges, "to auscultation alone, as it is generally understood and applied to the heart—that is, if we attempt to diagnosticate the exact nature of any given cardiac lesion by the discovery and discrimination of murmurs, assigning to each its appropriate physical cause in accordance with its position on the cardiac area at which it is best heard, as well as with its rhythm or relation in time to the several acts which constitute a cardiac pulsation, without being actually misled we shall yet often fail in attaining an accuracy of diagnosis which is perfectly possible and frequently important." The value of strychnia as a stimulant of the intrinsic ganglia is pointed out, and a strong defense of arsenic as a neurotic is presented. Dr. Balfour, moreover, insists that no drug can replace digitalis in the treatment of cardiac disease, and places little trust in ergot and belladonna in this connection. The iodide-of-potassium treatment of aneurism Dr. Balfour considers perfectly safe and free from risk, while being equally certain as any more dangerous plan to afford relief. He has "not yet seen any case where relief was not attained, though naturally enough that relief is not always to be got instantaneously, but requires the treatment to be continued some time." He, however, warns against expecting absolute cure, or indeed any thing more substantial than relief, except in favorable cases which come early under treatment, and in which adjuvant treatment, such as rest, etc., can be carried out. Dr. Balfour says: "I do not claim that we can perfectly cure aneurism by iodide of potassium, or by any thing else, yet I am quite certain that at the present day we possess no other remedial agent or mode of treatment which so surely gives relief, and so frequently prolongs life, as the iodide of potassium."

Intermittent Fever and Endocarditis.—Leyden says, in the *Centralb. f. d. Med. Wissen*, there are cases of endocarditis in which the fever corresponds more or less closely with intermittent fever, with paroxysms and states of apyrexia, not however always at perfectly regular intervals, though they may resemble a perfect quotidian or tertian type. These cases he divides into two groups, viz., intermittent fever without any previously evident heart lesions, and intermittent fever occurring in an individual with some compensated heart lesion.

Vicarious Menstruation.—A writer in the *Lancet* reports the case of a young woman who menstruates from her right eye.

An Incident in the Life-history of New Growths. Dr. Obtulowitsch (*Deutsche Med. Zeitung*) narrates the following interesting circumstance (*Med. Times and Gaz.*): A peasant, forty-three years old, suffering from epithelioma of the lower lip contracted typhus; on recovery the cancer was found to have sloughed off, leaving behind a slowly healing ulcer, which eventually sprouted again into a cancerous nodule. This occurrence appears of interest because of all parts of the body the lip is by no means the least supplied with vessels, and it is curious that we should have gangrene of a new growth, the normal tissues remaining sound. We are not inclined to pass the fact over as a trivial affair; it recalls the tendency which new growths have to dwindle and decay with the increasing age of the sufferer. As the body decays it seems to have less energy left for parasitic growths, if our readers will allow that term for cancer. Speaking metaphorically, the body has as much as it can do to look after itself. So with the above case, if any part of the body is to die it must be the abnormal material, not the proper protoplasm of the body.

Gunshot-Wound of Chest.—Mr. Jones mentioned a case of gunshot-wound of the chest terminating in recovery. The bullet entered the left fifth intercostal space, and in its course backward injured the left lung. This was made evident by the hemoptysis and pneumothorax which followed. The patient was admitted in a state of collapse with excitement. Reaction was rather severe and accompanied with hemorrhage into the left pleural cavity. Dullness on percussion, with absence of breath-sounds and of vocal fremitus, gradually extended from below upward, eventually reaching as high as the spine of the scapula. The heart became displaced to the right and occupied a position behind the sternum. To relieve the dyspnea, which at one time was very distressing, the chest was aspirated on two occasions with an interval of a week, and forty two ounces of frothy sanguineous serum withdrawn. After this the physical signs denoting fluid daily became less evident, and, when the patient was discharged from the hospital, breath-sounds could be distinctly, although distantly, heard over the base of the left lung, and the heart had almost recovered its normal position.

Proper Way to Give Aconite.—In the *London Medical Record* Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the *British Pharmacopeia*—from five to fifteen minims—is absurdly large, and no one with any regard for his patient's safety or his own reputation would ever think of giving it. The best way is to put half a dram of the tincture in a four-ounce bottle of water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the pharmacopeia.

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"*NEC TENUI PENNÂ.*"

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LUNSFORD P. YANDELL, M. D., . . . }
L. S. McMURTRY, A. M., M. D., . . . } Editors.

GREETING.

A MERRY Christmas to you all, dear brethren of the health guild, and may this natal day of the Great Physician's Son be the brightest you have known in all your years, however happy these have been.

May peace and plenty fill your homes, and may joy and gladness radiantly glow in the sweet faces and make merry music in the loving hearts of all your kith and kin.

May the exquisite exhilaration of perfect health, a beatitude beyond all compare, ever dwell with you and yours.

May this be the beginning of a long line of golden days which shall end only with your lives, the glorious sunset of the last one casting its brilliant rays far across the dark valley, lighting your pathway to a land of eternal rest.

Younger brothers, fellow soldiers in the army of Hygeia, God speed you onward to a sublime success in all things which you worthily work for. Comrades of the noon-day of life, may a divine courage and a holy ambition ever urge you forward to noble deeds wrought for the welfare of your fellow men, making you models for the young and the admiration of the old.

Fathers in medicine, beloved and venerated veterans, may the autumn of your lives be softly and cheerily illuminated by the mellowed reflex of the ardent summer's sun of your youthful days, and may you know no sorrow any more forever.

And now, fathers, comrades, and young

brothers, fill your glasses all, full to the brim, with nature's nectar, and let us drink, in this healthfullest of drinks, sparkling water, to the memory of those who have gone from us, to the welfare of those who remain with us, and to the strength and wisdom and joy of those who shall come after us.

And may the good God bless us all!

NO MALARIA IN BOSTON.

The Sanitary Engineer, editorially criticising our doctrine of malaria as a source of acute disease, makes the astounding statement that there "is no malaria in Boston," and that therefore it can have nothing to do with dermal or other diseases, there. Boston certainly is a much-blessed place. Intellectual culture is there brought to the highest point of perfection. The scholarship shown in its journals, medical and lay, and the learning of its medical men and other scientists is nowhere in the world surpassed. Its rich men are the most liberal in America. Its women are brainy, and often beautiful. Its politicians and statesmen are as wise and as honest as they are elsewhere. The whole State of Massachusetts, indeed, has much to be proud of and glad of. Its people are law-abiding, its judges and juries are singularly just, and outside of England nowhere else is the law so impartially administered. We love the grand old Commonwealth of Massachusetts. Its history is honorable, its present is brilliant, and its future is likely to be all that its fondest friends may picture. Time was when we were not thus cordial in our admiration of this worthy member of the illustrious Thirteen. In our fiery, youth-

ful days, we did not like her abolitionism. But now we know she was right. In our dyspeptic days we abhorred her favorite brain food, baked beans; but now, rather than starve, we would even eat them. Her present Governor we once felt some coolness towards, to put it mildly, when we were out rebelling, because of the somewhat ungente, unlamblike, unlovable ways that were reputed to him in the Confederate journals and by common report. Even "Beast Butler," as he was once alliteratively denominated, we have now no prejudice against. We wish him well; indeed, we should not decline him as a subscriber to the News—nay, we would welcome him as a constant reader. But, dear Mr. Sanitary Engineer, we can not accept your wild assertion that there is no malaria in Boston. Boston may not have as much of it or as intense a form of it as afflicts Baltimore, Philadelphia, New York, and other places, but that you do have malaria in Boston no competent observer can deny. Boston has the summer's heat and moisture necessary to its production, and in its hospitals and dispensaries, if not among the more fortunate classes of her citizens, the marks of malarial poisoning may be easily seen. And even to the better parts of the metropolis the water supply and sewer-pipes, in the summer time, doubtless sometimes convey the *mala aria* that produces ague or some of the multiform manifestations of this mysterious and little understood hydra. To use orthodox theological language, it is not likely that malaria is totally absent from any place which you may ever visit, barring the Kingdom of Heaven where no disease can come, and Hell where the intense heat and the abundant sulphurous gases may destroy the malarial germ.

PUBLIC HEALTH IN CINCINNATI.

From recent reports it seems that the sanitary affairs of the city of Cincinnati are in a most deplorable state. The Board of Health, upon which depends the conserva-

tion and protection of the public health, has for its active members two saloon-keepers, two druggists, and one politician. With complete ignorance of all sanitary laws, of course the Board expends its energies upon the distribution of its finances. In the meantime smallpox continues to prevail, and all filth-diseases are well represented in the weekly mortuary reports. This condition of affairs in mitigated degree has been reported from time to time for several years past in our neighboring city. The influential citizens of that community should no longer neglect this important matter. The greatest danger to the public health of the present day is the indifference and sloth of the intelligent public to all sanitary administration. The taxes are paid, the money appropriated, and the average citizen never inquires as to the skill or honesty of the sanitary officers. The tax-payers of Cincinnati should have some well-known and skillful physicians upon the Board of Health, and a mitigation of existing evils and dangers may soon be expected, and the disappearance of epidemic contagious diseases will follow. The existing condition of affairs is disgraceful.

THE NEW ORLEANS MEDICAL AND SURGICAL JOURNAL.

Our valued contemporary, the New Orleans Medical and Surgical Journal, announces that its editor-in-chief, Prof. S. M. Bemiss, M.D., has severed his connection with the journal, and that the editorial work will hereafter be conducted by Dr. W. H. Watkins and four associate editors.

When Prof. Bemiss revived this journal, almost ten years since, he announced that editorial duties were assumed through a sense of duty, and would be transferred to other hands as soon as practicable. The time having now arrived, the transfer is gracefully made. In the meantime the journal has done inestimable service for the advancement of the science of medicine and the promotion of the interests of

the profession in the South. Prof. Bemiss has discharged with admirable fidelity the trust he voluntarily assumed, and has added to laurels won long ago as the editor of a scientific medical periodical. A graceful and forcible writer, a scholarly physician, and a thorough clinician, he blends in happy combination the requisite qualities of a medical writer. Although retired from active editorial work, it is to be hoped that frequent contributions, embodying the results of his ripe experience and philosophical study, may be given to the medical public through the columns of the journal he has placed on a firm footing. Dr. Watkins has been doing much of the active work of the journal for several years, and is eminently qualified to maintain the high standard of excellence already established. It is understood that Prof. Bemiss's retirement from editorial work is necessitated by the increasing demands of a large practice, together with his professorial duties.

MISCELLANY.

A VOICE FROM THE WOMB.—“The following case is sufficiently striking, I think, to warrant its publication, even at the risk of having my veracity called in question by doubting Thomases,” says Dr. A. Harlow, of Detroit, Mich., in the Michigan Medical News, in which journal the marvel is chronicled.

The lady, continues the doctor, moved in the humbler walks of life, was about forty years of age, and this was her fifth confinement, eleven years intervening between it and her previous ones. The doctor found his patient with rapidly-increasing pains, and a vertex presentation of the sixth variety, according to Baudelocque, was recognized. Soon the membranes broke, flooding the bed. Before their rupture, and immediately after the diagnosis of the presentation by digital examination, and while the head was yet engaged in the superior strait, *the child made two distinct, audible screams, that could be plainly heard in any part of the room.* Immediately following the cries there was another free discharge of amniotic fluid. With some abbreviations we continue the doctor's description in his own language:

During the space of an hour or more, before the arrival of female help, I made several ineffectual attempts to disengage it from its fixed position, but did not succeed. During this time the child had *several spells of crying*, the same as was heard at first, the tone and voice being unmistakably that of a child. I made little or no further attempts for one or two hours, satisfied that there was no danger in the case. During this apparent lull the pains did not entirely cease, and generally following each one *the child would cry* as before. At the first cry after the arrival of female help, one old lady exclaimed in her joy:

“La me! the child is born.”

“No, madam, the child is not born.”

“You do n't say, doctor, that the child is not born, and crying, too?”

“Yes, madam, it has had spells, ever since my arrival, the same as you have just heard.”

“Dear me!” was the exclamation of the good woman, and as soon as she could take a long breath said, “and is not that strange?” and, as a mark of veneration, settled the matter by declaring that “with God there is nothing impossible.”

Waiting as long as I thought justifiable, I applied the forceps and delivered the woman of a large female child.

The next day I took occasion to investigate her fully relative to this curious phenomenon. She told me “the child first *commenced crying four weeks before it was born*, and kept it up at intervals until its birth, *since which time it has not cried at all.*” This lady declared that she went four weeks beyond her regular time; that at the proper period for the birth of the child it commenced crying and kicking, as though, to use her own language, “it would come right through her ribs.”

The editor of the Michigan Medical News, in a note upon this report, says, “We have only to add, by way of comment upon the above, that Dr. Harlow is well known to the profession of this city; and unless he was himself greatly deceived, which he assures us was impossible under the circumstances, we have here a case which is, we believe, usually regarded as an impossible occurrence. Those who know Dr. Harlow will certainly not call his veracity in question.”

From this note it is evident that our fellow disciple in medicine is but a mildly “doubting Thomas,” if at all a doubter, in this case.

The mother of the prodigy died after some days, but the prodigy is reported “living and doing well.” We shall watch with keen interest the development of this rare mortal. That she is destined to some marvelous career is beyond peradventure. That she will ere long appear as the omnipotent emancipator of her downtrodden sex, or as the founder of a glorious religion, dazzling and converting a wondering world, only “doubting Thomases” will dare to doubt.

After long and careful introspection and recollection we can recall only one case like Dr. Harlow's. In a very old book that we

once read, the name of which escapes us, it is told that Joseph, the betrothed of Mary, was walking with her one day in a garden, when Mary honed after some cherries growing upon the topmost bough of a tree, and asked Joseph to gather them for her. In rude language, and with a coarse comment, he flatly refused; whereupon the Infant in her womb spoke, commanding the tree to bow down. The tree instantly obeyed, and Mary gathered and ate the coveted fruit.

These two stories are equally probable. To the credulous they are miracles. The wise call them delusions. The uncharitable give them a harsher name. For a child to make a vocal sound in the uterus is a physical impossibility. Physical impossibilities do not occur.

LADIES' DOCTORS.—The decay of the curate and his supplantation by the ladies' doctor is the subject of a very clever and witty sketch which appeared recently in the *London World*. The writer's portrayal of the modern ladies' doctor is not in every point flattering, but there is much truth in it, and it is well to have a mirror held up before us occasionally. The day in which the curate ruled the drawing-room in its less intellectual corners is, says the *World*, rapidly passing away. Coincident with his decay is the rise in popularity of the ladies' doctor. This new luminary is a modern institution: A century ago, to be sure, says the writer, incomes as large as any of to-day were made by fashionable physicians; but these physicians were only "medical men," and held no social sway. "Astley Cooper and Abernethy were surgeons of weight and even wit, but their *brusquerie* made them more the terror than the darlings of a drawing-room, and men of their type were no more welcome in their non-professional capacity than are the plumbers after they have soldered a leaky pipe."

The writer follows with a sketch of what constitutes, or should constitute, the successful ladies' doctor of to-day—a person who is called upon to minister to weak nerves, feeble livers, and the other incidentals to late hours and much caring for many things.

He must, we are told, be a skillful physician, perhaps, but certainly, and above all things, he must be a man of the world. "He must know the ways and the weaknesses of his clients, and not dream of playing the part of their moral instead of their medical mentor. Hence he is familiar with all the topics of the day, and yet is not pro-

nounced on any one of them, for he is too wise to offend the patients by whom he thrives. He may know the winner of the Derby, but he must not be seen at Ascot and Epsom, and, though his coachman may drive the best of blood, it would ruin him were it reported that he had been seen behind a four-in-hand. He may write medical works—the more the better—but society is skeptical regarding omniscience. Sir Charles Bell's popularity fell off after he published his book on the hand. Yet art, being only an elegant amusement, may be pursued. Sir Henry Thompson collects china and pictures, and Mr. Seymour Hayden etches, while a good many doctors garden, as did Sir William Lawrence, without finding their practice suffer. The ladies' doctor must not be an atheist—society has not come to that yet, and women who are nervous are always pious—but unless he cultivates a Dissenting connection, experience proves that it is safest for him to keep to a strictly orthodox course, neither too Broad Church, nor yet with a suspicion of incense and the eastward position. For ladies with a taste for ritualism instinctively lean on the curate, and between him and his supplanter there can never be any thing in common."—*Medical Record*.

SIR JAMES PAGET, the eminent English surgeon, when near his country-house recently witnessed a severe accident by which a man's leg was broken. Sir James helped the man into his cart and proceeded to attend to his injuries. The driver's companion ran to the local doctor and cried out, "Please, sir, Bill has been and fallen out of the cart and got his leg broke. There's an old cove a-pulling of him about, but I can see he ain't up to much, so I wants you to come at once, sir, 'cos Bill's wery bad." The doctor hurried to the spot, and found that the "old cove" was quite competent to act in the emergency. Sir James had made some rough splints, and used a copy of the *London Times* to bind up the leg. Criticism of medical skill, as often happens, came to grief, and Sir James learned once more that fame has its limitations.—*Boston Med. and Surg. Jour.*

DR. CHAS. F. FOLSOM's place upon the National Board of Health has been filled by Mr. Geo. E. Waring.

PROF. WILLIAM PIRRIE, M.D., the venerable and eminent surgeon, is dead.

MILK AS A VEHICLE OF INFECTION.—At the late meeting of the Glasgow Philosophical Society an interesting paper was read by Dr. Dougal on milk-pollution, describing some experiments with regard to the impregnation of milk with gases and vapors of an offensive nature. The experiments consisted in exposing uniform portions of milk in a glass jar to the emanations of coal-gas, paraffin-oil, turpentine, onions, tobacco smoke, sulphuretted hydrogen, ammonia, sulphide of ammonium, musk, asa-fetida, stale urine, creasote, stale cheese, chloroform, putrid fish, decayed cabbage, etc. In every instance the milk was found to have become more or less impregnated with the characteristic odors of these bodies. As the result of all his investigations and his previous experience, the lecturer stated that it was his strong conviction that milk absorbed, and could communicate, infection. At the same time he was equally sure that the *boiling of milk* destroyed every organism and germ which it contained; and not only so, but he was certain, also, all infected putrid particles, which he still believed was the form assumed by zymotic poisons. Dr. Dougal's paper gave rise to considerable discussion, and a very hearty vote of thanks was awarded him for bringing the subject before the Society.—*British Med. Journal*.

THE use of tobacco among boys in the educational institutions of the United States Government has attracted the attention of the surgeons in charge. It is said that an energetic opposition to this practice is being made, for instance, in the Naval Academy at Annapolis and the United States Military Academy at West Point. The naval surgeons, and especially Dr. Gihon, U.S.N., have been the principal movers in the opposition, alleging that tobacco (1) leads to impaired nutrition of the nerve-centers; (2) is a fertile cause of neuralgia, vertigo, and indigestion; (3) irritates the mouth and throat and destroys the purity of the voice; (4) produces defects of vision; (5) causes a tremulous, hard, and intermittent pulse; (6) develops conspicuously irritability of the heart; and (7) retards the cell-change upon which the development of adolescence depends.—*Boston Med. and Surg. Jour.*

MR. LABOUCHERE, member of Parliament, lately stated in the House of Commons "as a statistical fact that those who wish to live long ought to sit up late."

THE DISCOVERY OF TRICHINA.—With regard to the discovery of the *Trichina spiralis*, it is stated in the autobiography of Mr. Gulliver (the manuscript of which is in the possession of Mr. M. F. Stone, formerly of the College of Surgeons) that "Dr. Arthur Farre, son of the excellent pathologist, was yet at St. Bartholomew's near the period of my arrival there, and he was a diligent and good anatomist, who made the best early observations on the *Trichina spiralis*, the muscle-worm now become the terror of pork-eaters. I think it was at Guy's that Mr. John Hilton first saw this worm, and specimens of it being soon afterward found at St. Bartholomew's, were understandingly investigated by Mr. James Paget, at that time a pupil, and Professor Owen. Farre discovered the intestines and genitals of the creature, parts which Owen failed to find. So to Farre we owe the original and true description of this entozoon, and its claim to a higher organization than had been allowed for it by Prof. Owen." The late Mr. Wormald and Prof. Quekett always gave the credit of the discovery to Paget.—*British Med. Jour.*

GOOD-BYE TO THE DOCTOR.—Bouvard, on entering one morning the chamber of a French marquis, whom he had attended through a very dangerous illness, was accosted by his noble patient in the following terms: "Good day, Mr. Bouvard; I feel quite in spirits and think my fever has left me." "I am sure it has," replied Bouvard dryly. "The very first expression you used convinces me of it." "Pray explain yourself." "Nothing is easier. In the first days of your illness, when your life was in danger, I was your dearest friend; as you began to get better, I was your good Bouvard; and now I am Mr. Bouvard. Depend upon it, you are quite recovered."

DISSECTING LEGALIZED.—A bill has recently been passed by the Maryland Legislature legalizing the study of anatomy practically, and providing for this purpose such bodies as would otherwise be buried at the public expense. The bill is a good one, and should be adopted by all our State legislatures.

IN India last year snakes killed no fewer than 18,670 human beings, while wild beasts destroyed 2,759 more. Further, 43,609 head of cattle were killed by the same agents.—*Boston Med. and Surg. Jour.*

Original.

RETARDED CONVALESCENCE IN PNEUMONIA.—THREE CASES.

BY T. B. GREENLEY, M.D.

In December, 1878, Mrs. K. had an attack of pneumonia of right lung involving the lower and middle lobes, from which she only partially recovered. She was able, however, to be up and attend to household matters, complaining of some cough and dull pain in side affected. In August, 1879, she came under my observation. On examination found her temperature two degrees in excess, pulse ninety, cough of an irritable hacking character, dull pain in the side, hurried respiration on exercise, and consolidation of middle and lower lobes right lung.

Notwithstanding all these symptoms, she was up most of the time superintending domestic affairs.

I put her on the following treatment: R Emplast. ung. canth. applied over part of lung affected, and ammonium chloride, grs. x, three times a day in solution. The plaster was allowed to stay on until vesication ensued, and when the surface was about healed over reapplied until made sore again. Under this treatment the patient rapidly recovered the function of the crippled lung.

CASE II. In the latter part of November of last year Ambrose W., aged eighteen, colored, was taken with pneumonia of right lung. As far as I could learn, he had but little medical attention, but was treated for *bad* cold by his parents.

In April last (10th) I was called to see him, as the *cold*, the mother said, had become much worse. I found him in the following condition: breathing with great difficulty; respiration greatly hurried and of a panting character; pulse one hundred and thirty-two and feeble; temperature one hundred and three. On examination of chest found complete consolidation of right lung with bronchitis. The bronchial trouble had appeared within the preceding twenty-four hours which, added to the existing disease, produced the great difficulty in respiration, and caused the parents to send for the doctor. The patient was greatly emaciated.

I pursued the same treatment in this case as in the first, covering the lung with a blister, and giving him the chloride of ammonia three times daily. Gave him stimulating expectorants for the bronchitis.

In three weeks the function of the lung was completely restored.

CASE III. Miss B. visited the northern part of Michigan in July last for the benefit of her health. Owing to the unusually cold and wet weather prevailing in that latitude the past summer, she, from exposure, had an attack of pneumonia, which being mistaken for malarial fever was treated for that disease. She was in bed for three weeks, and as soon as she was able to travel came home. I saw her on September 5th, and on examination found the left lung solid throughout. Her breathing was greatly accelerated, and on exercise, labored and panting. The function of right lung had been so greatly taxed by way of compensation that respiration was puerile. The right side was an inch larger than the left. Her temperature was one hundred degrees, and pulse one hundred and four.

Same treatment pursued as in preceding cases. In ten days the function of the organ was restored.

This young lady has had incipient tuberculosis of the left lung for several years. She spent a summer in Colorado three years ago, and thought she derived some benefit from her visit. She is now able to be up, and is enjoying tolerable health.

Remarks: Not having seen any thing said about retarded recovery from consolidation of lung in pneumonia in the medical journals, I thought I would give a condensed account of the foregoing cases.

The use of the chloride of ammonia was suggested to me in the treatment of retarded resolution of consolidated lung by having used it successfully in hypertrophy of the liver some years ago.

I am inclined to think, from the success I had in the above cases, that chronic pneumonia, or rather retarded resolution, may be relieved even after existing as long as twelve months, provided abscess has not formed in the diseased tissue.

OREL, KY., December, 1882.

No binding agreement can be made between the patient and the doctor in Paris, as the patient is not regarded legally as a free agent.—*Detroit Lancet*.

WATERING-PLACE RULES.

"Arise betimes; to pump repair—
First take the water, then the air;
Most moderate be in meat and drink,
And rarely, very rarely, think!"

Correspondence.

DR. FORMAD'S STUDIES.

Editors Louisville Medical News:

The Philadelphia Medical Times of November 18th contains a paper by Dr. H. F. Formad on the etiological relation of the bacillus tuberculosis to tuberculosis. This paper has caused a great deal of favorable comment, and the editor of the Times says "the old country had better look to it, that its laurels be not transferred to the new world." It is not my object in this letter to give any synopsis of Dr. Formad's views. Suffice it to briefly state that he admits the presence of bacillus tuberculosis in the sputa of patients afflicted with tuberculosis, but he doubts the etiological relation of these bacilli tuberculosis to tuberculosis. Dr. Formad is at present engaged in working out this problem. Whether he succeeds remains to be seen. He certainly has the ability to become the Koch of America. He is the pathologist of the Philadelphia and University Hospitals, is the Mütter lecturer of the College of Physicians and Surgeons, and lecturer on mycology in the Franklin Institute. He was associated with Prof. H. C. Wood in the research on diphtheria for the National Board of Health.

As a lecturer Dr. Formad captivates his hearers not by his speech, for that is deficient on account of its German accent, but by his clear, forcible, learned, and matter-of-fact way of speaking of things which seem so deep to most of us. His favorite saying is: "One must say the truth as one finds it under the microscope, or some one else will say it." Formad's only inducement for speaking the truth, said one of his colleagues.

Dr. Formad lives, dreams, thinks and studies of nothing but pathological processes. He will be present at the coming International Congress in Denmark to discuss the bacillus tuberculosis with the learned men there to be present. As he sagely expressed it: "If I get defeated, why I learn something; it is all in the interest of science." He will take over with him some dogs upon whom he has artificially produced epithelioma by incising the skin and keeping up the irritation with a weak croton oil—croton oil mixed with glycerine. Under the microscope this artificial production does not vary from the epithelioma in man. He also produced sarcoma in the bones of dogs by frac-

turing them and keeping up irritation by motion. After this statement it is, of course, apparent to all, that Dr. Formad considers cancer to be *primarily local*, and constitutional only from infection as syphilis from chancre. Disputed points!

The coming Mütter lectures will treat of septicemia. Dr. Formad has for some time worked and studied on this subject.

During a private lecture on the pathology of renal diseases, Dr. Formad gave the following practical points as "rules for examination of the urine:"

1. Sediment in the urine has no significance unless deposited within twenty-four hours.

2. Albumen in the urine does not indicate kidney disease unless accompanied by tube-casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.

3. Every white crystal in urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form, urine alkaline.

4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.

5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by variety of epithelium.

6. The urine from females can often be differentiated from the urine of the male, by finding in it the tessellated epithelium of the vagina.

7. Hyaline casts (narrow), blood, and epithelial casts signify acute catarrhal nephritis. Much albumen.

8. Broad hyaline casts and epithelial dark granular and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less.

9. Hyaline and pale granular casts and little or no albumen signify interstitial nephritis.

10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.

11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts or devour them entirely in a short time.

12. Uric acid in the urine may in Trommer's test for sugar form a protoxide of copper, thus often deceiving the examiner in the belief that he has discovered sugar. Thus when urine shows only a trace of sugar, other methods of examinations, be-

sides the Trommer's, must be used—preferably the lead test.

13. The microscope gives us better ideas of the exact condition of affairs in the examination of urine than the various chemical tests. Therefore the time has come when every true physician should know how to handle a microscope.

E. J. KEMPF, M.D.

PHILADELPHIA, December 20, 1882.

COMPOUND QUINA PHENATE IN PUERPERAL FEVER.

Editors Louisville Medical News:

I was called to a case of puerperal fever following miscarriage occasioned by shock in a railway accident. The patient is about twenty-nine years of age and mother of two children. She has for a year or more shown somewhat of a hemorrhagic diathesis, bleeding profusely upon the slightest provocation, especially from the nose after mental or physical strain. Menses also usually profuse, leaving her at the time of the accident quite anemic. Strange to say, scarcely any blood was lost with the expulsion of the fetus (third month), whereas profuse hemorrhage was expected from her well-known propensity. There not having been sufficient flow to insure proper cleansing of the uterus of secundines, puerperal fever set in rapidly with acute symptoms which did not yield to various measures employed.

My attention just at that time was engaged by the various articles regarding the discoveries of Dr. Koch, of Berlin, and the germ theory generally, and especially the success of phenic acid in yellow fever as reported in the medical journals.

I sent to Mr. Cassibeer, Secretary of the Pharmaceutical Society of New York, for a few ounces of some preparation containing tonic and antiseptic properties. He sent me some quina phenate compound, containing three grains of quinine and the one fifth of a grain of pure phenic acid to a teaspoonful. A teaspoonful of the quina phenate was given hourly, and its effects were magical.

If the phenic acid had been introduced directly into the blood current, it could hardly, with its well-known anti-fermentive properties, have more decidedly neutralized the poison giving rise to the puerperal symptoms. In a few hours the patient was entirely comfortable, lochia appeared, and in a few days the patient was about the

house, very little the worse for wear as far as appearances indicated. After the congestion of the uterus was in a fair way of reduction by the lochial discharges, the flow was hastened by occasional whiffs of nitrite of amyl.

I have used the compound quina phenate, which is not a patent medicine but a scientific compound about which Mr. Cassibeer makes no secret, in a variety of other cases, of which I will some time send you accounts if you think they would be of value to at least a few of the readers of your valuable journal.

W. S. WELLS, M.D.

NEW YORK CITY.

Reviews.

The Physician Himself, AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS. By D. W. CATHELL, M.D., late Professor of Pathology in the College of Physicians and Surgeons of Baltimore, etc. Second edition, carefully revised. Baltimore: Cushings & Bailey. 1882.

This is one of the best books for a young practitioner that we have ever read, and few of the elders may read it without getting some good suggestions. It is full of common sense from beginning to end. Business is business, and the practice of medicine is the business of a doctor's life, truly says the author, and by it he must live just as other people live by theirs. The practice of medicine possesses three essential aspects, which should never be lost sight of. When the patient is ill we should bring to bear all our scientific skill on his case. In his suffering we should give him—or if he die, we should give his family—our tenderest sympathy and profoundest commiseration. But when our skill and sentiment are no longer needed, then comes the business part, and we should demand and secure our just remuneration. Our fee should be asked for, not as a present from a patron but as a fee from a client. No man more clearly, nor, often, more dearly, earns his wages than the learned and skilled physician. The following extracts convey a correct idea of Dr. Cathell's homely, common-sense counsel, italics ours:

There are gentlemen in the ranks of our profession who are perfectly acquainted with the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial, have never achieved either reputation or practice, because they lack *professional tact and business sagacity*. . . .

Do not allow the ladies of the family to lounge about your office, read your books, answer the office bell, etc., lest it repel patients. Both messengers and

patients prefer to meet either the doctor or his servant rather than ladies. . . .

Be cordial with all kinds of patients, but do not hand-shake and harmonize with them unreservedly; undue familiarity shears many juniors of much of their prestige. Never become so familiar as to lay all formality aside and enter any patient's house or room without ringing, knocking, or calling. . . .

Never have companionship with irregulars: it would detract from both you and rational medicine, which you represent, and give countenance to delusions and pretenders; avoid this and every other soiling contact. . . .

Hesitate even to take such offices as vaccine physician, coroner, city dispensary physician, sanitary inspector, etc., in a section where you expect to practice in future. All such functions seem to dwarf one's ultimate progress, and usually create a low-grade reputation that is hard to outlive. To many people all such offices look somewhat like a confession of impecuniosity or inferiority, and create an impression that is not overcome for years. If you have any merit at all, private practice industriously followed will lead by better roads to speedier success.

You will also find that society, church, political, and other special groups of patients, gained because they are affiliated with you, rather than through appreciation of your merits as a physician, are neither very profitable nor very constant. You will find that attending patients secured promiscuously from every direction, because they have faith in you as a doctor, will in the long run pay you better than attending to politics or any thing else. . . .

As a physician you will require a variety of talents, for you must come in contact with all kinds of people. Acuteness in adapting yourself to all classes is a very useful quality, and one in which most physicians are very deficient. . . .

Never fail to send your bill promptly to dissatisfied patients who are threatening to sue you for malpractice, or attempting to injure your practice unjustly, whether you expect them ever to pay it or not. If you cowardly shrink from sending your bill in such cases, they will quote that as a proof that you are guilty of what they charge, and that you know it; sending your bill gives you a better position before the public, and raises an issue that checkmates theirs. *Do not fail to charge the maximum fee in all such cases.* . . .

Avoid *old* medical works as guides in the progressive branches; medicine is an ever-growing science. New investigations render new text-books frequently necessary. . . .

Do not be biased too quickly or strongly in favor of new or unsettled theories based on physiological, microscopical, or chemical experiments. If you abandon the practical branches of medicine for histology, post-mortem researches, refined diagnostics, and abstract reasoning, your usefulness as a physician will almost surely diminish. I do not refer to teachers and experimenters, who have hospital and laboratory facilities, and who do not look to their practice for support. Your most useful studies, as a practitioner, will be hygiene and the art of treating diseases with success. . . .

Take care that book-agents do not induce you by their fluency to subscribe for works you have but little or no use for. . . .

Never publish weak or trifling medical articles, as whatever one writes is supposed to be a mirror of his own mind. When you write any thing for the jour-

nals, give your article a proper title, avoid diffuseness, and use no *far-fetched quotations from foreign languages*, unless followed immediately by translation; for unless it is some stale, hackneyed term, the average reader will probably be forced either to pass it over unsolved, or take down his dusty quotation book or his schoolboy grammar. Pity those who are either so ignorant on the one hand, and those who are so high-flown on the other, that they can not express themselves in their mother-tongue. . . .

The recent attempt to supersede the old weights and measures by the metric system did not succeed; it is therefore scarcely worth while to weigh its merits. When you report cases or publish any thing in which weights are given, either use the old familiar weights and measures, which every one understands, or both the old and the metric; to use the metric only savors of pedantry. Many do not attempt to carry the metric equivalents in their minds, and if you give metric measures only they might pass your effusions by without getting the information you wished to convey. . . .

In visiting, banish all else from your mind but the case before you; and no matter who is present, make the patient, whether young or old, the central object, and keep your thoughts and your conversation on him and his case. Both patients and their friends will naturally be more anxious to know what you think of their cases and to receive information for their benefit, than to hear of any thing else. . . .

The verdict we hear constantly from doctors who have read this book is exactly what came into our mind as we perused its pages, "I wish I had possessed such a work when I began the practice of medicine." In conclusion, we say to all, buy it. Do not borrow it, buy it.

A Hand-book of Homeopathic Practice.—By GEORGE M. OCKFORD, M.D., Member of the American Institute of Homeopathy; of Vermont Homeopathic Medical Society; President of Champlain Valley Homeopathic Medical Society; Honorary Member of Indiana Institute of Homeopathy, etc. Chicago: Duncan Brothers. 1882.

The best part of this book is the work of its publishers. Its paper and typography are perfect. The author, or more properly the compiler, has sadly scamped his work. In etiology and pathology he is not up with the times, and his descriptions of diseases are singularly poor. Even in homeopathic therapeutics he is behind the times, since he mentions neither gonorrhoea for gonorrhea, leucorrhoea for leucorrhea, glanderin for glanders, nor syphilin for syphilis, remedies derived from the diseases named, and recognized in the homeopathic pharmacopeia. In looking through this book one for a moment wonders that any thing so unscientific as homeopathy can be honestly believed in and practiced by any but the feeble-minded or insane. But when we reflect that wise men have believed in witchcraft

and believe in spiritualism and mesmerism, and, furthermore, that most minds are more or less cranky, and few people really reason about any thing, we are less astonished.

Under this system all diseases are considered as entities, and are treated for symptoms or according to name instead of with reference to their cause. The specifics are not mentioned in the case of acute rheumatism and in syphilitic rheumatism, and quinia is treated as but an inferior remedy for malarial troubles, and is declared most efficacious in small doses. Homeopaths in Louisville sometimes give it to the extent of sixty grains a day.

Obituary.

JAMES A. CARR, M.D.

At a meeting of the physicians of Princeton, Ky., held December 4, 1882, to take action on the death of Dr. James A. Carr, Dr. P. B. McGoodwin was called to the chair, and Dr. Hugh F. McNary appointed secretary.

On motion, Drs. H. F. McNary and J. A. King were appointed a committee on resolutions, and reported the following, which were adopted:

Dr. James A. Carr located in Princeton in 1842, and for forty years was a practitioner of medicine in our midst. During this long period doing a large and laborious practice, to which he devoted himself with the utmost assiduity. Yet with all his multifarious cares and duties he was a close student, and kept himself abreast with every advance in the science and art of medicine.

His advice as a consultant was held by his brethren in the highest esteem. He was our beloved friend as well as our wise counsellor, and in our own families as well as in general practice we shall miss with painful regret his absence from us.

A man of fine presence, and of superior colloquial powers, courageous and independent in thought and action, he exerted an influence for good over this whole community of a most decided and unmistakable character—always fearlessly espousing right and promptly recognizing and battling evil and error. His death has bereft us of one of our most useful and valued citizens; therefore, it is

Resolved, That the medical profession, in the death of Dr. James A. Carr, has lost from its number

an intelligent and accomplished physician, an able and prized colleague and friend, and the community an enlightened and public-spirited citizen.

That we tender his family our sincere sympathy and condolence;

That a copy of these proceedings be presented to his family; and further,

That these proceedings be published in the Princeton Banner and the Louisville Medical News.

P. B. MCGOODWIN, *Chairman*.

H. F. McNARY, *Secretary*.

THE LATE DR. JAS. A. CARR.—We knew and loved Dr. Carr long and well, with a love inherited from our father and augmented by an intimate knowledge of the many and eminent excellences of the deceased.

Dr. Carr received his diploma from the University of Louisville in 1841. During his pupilage he won the admiration of his teachers by the devotion with which his bright intellect was given to his college duties. Earnestness, honesty, and purity of heart were his most conspicuous characteristics, but in strength of mind and clearness and wisdom of thought Dr. Carr had few peers. His ambition through life was to do all the good within his power for his fellow-beings, but for man's praise he cared little. The bubble reputation had no allurements for him. The promise given in his pupil life was fulfilled during all his after days. For more than forty years Dr. Carr was a laborious practitioner, curing his patients where this was possible, and cheering and soothing always by the balm of his presence, the music of his voice, and the charm of his gentle manner. No life is more laborious and full of trials and privations than that of the country doctor, and no other man is so widely and keenly missed and deeply mourned in his community when he goes away to the unknown land. Dr. Carr was the highest type of the country doctor. His studies ceased not nor lessened after he entered the profession, as is, sad to say, the case with not a few disciples of our art; to the last he was up with the times, and all that was useful in the new of medicine, obstetrics, and surgery he made himself acquainted with.

A friend, writing of him, says: "Dr. Carr did a large practice. There is not a road leading from the town, there is not a bridle-path within ten miles of it, with which he was not familiar and along which his horse's hoofs have not been heard, day and night, during these long and eventful years. There is scarcely a residence

within a radius of twenty miles to which he was not professionally called during his career.

"As a citizen Dr. Carr was one of the most active, energetic, and progressive men the country ever had. In all his ideas he was large-minded and liberal-hearted. He was a gentleman in the broadest and best sense of the word. Liberally educated and finely cultured, he held advanced ideas on every subject, and expressed them, when an expression was necessary or appropriate with a readiness and vigor that marked him a man of earnest convictions. In all matters appertaining to the improvement, advancement, and welfare of his town and county, he was always ready to do his part and more than his part.

"In his death this county has lost one of its best citizens, Princeton one of its leading and noblest spirits.

"He died of inflammation of the brain, which was overpowering from the beginning, so that he was delirious during his whole illness. He was sixty-four years old."

To his devoted wife, whom he loved so well, and to his only daughter and son, the apples of his eye, the three beings nearest and dearest of all others to his heart, we offer our warmest and tenderest sympathies. May they be blessed with that beautiful belief which so often upheld and comforted him in his trials and travails. May they be able, happily, to feel that the sting of death and the victory of the grave are but a brief agony and a short triumph which in a few little years will be blotted out by reunion with him in a fairer land than this where the peacefulness of life is unbroken, and joy and gladness are eternal.

Selections.

Gastric Digestion under Various Influences.

Probably most medical men are convinced of the injurious effects of a large draught of fluid taken along with meals. But we are not aware that any very accurate observations have been made on the point, therefore the results obtained by Dr. Fleischer on this and kindred points (*Berl. Klin. Woch.*—*Med-Times and Gazette*) will not be void of interest. The first point in Dr. Fleischer's method was to ascertain for the healthy stomach the period of digestion for a given diet. At twelve o'clock the food was given, and six or seven hours later the stomach was washed out by a stomach-tube. The result showed for the same individual the digestion period tolerably constant, but for different individuals the period varied between five and a half and seven hours. The digestion period having been fixed, the

same diet was given next day, but along with it half a liter to a liter and a half of water was drunk. At the same hour as on the previous day the stomach-tube was introduced. The result showed that there are healthy stomachs in which the drinking of cold water along with a meal even to the amount of a liter and a half produces no change. In the great bulk of cases, however, it appeared that in a healthy stomach half a liter has no effect, a second half-liter causes a slight prolongation of the digestion period, while a third half-liter causes a distinct prolongation. A patient affected with moderate dilatation of the stomach and a slight catarrh completed the digestion of a given diet within seven hours when no water was taken. With half a liter of water the digestion was a long way from completion at the end of seven hours; while, on the following day, when no water was taken, at the end of seven hours the washings of the stomach were almost quite clear. Having ascertained that digestion goes on equally rapidly whether the person lies quietly in bed or is up, Dr. Fleischer tried the effect of several hours' smart walking after meals. In some cases the digestion period was not prolonged by this, but in the great bulk of cases it was distinctly so—thus justifying the old rule, "After dinner sit awhile." In regard to the effect of heat on digestion, Dr. Fleischer made careful experiments, and in the great majority of sound stomachs he found that by the application of warm poultices over the stomach, for five or six hours immediately after a meal, the digestion period could be reduced by about one hour. Cold seemed to have no effect whatever. As to the administration of pepsine and of dilute hydrochloric acid to assist digestion, Dr. Fleischer finds that neither drug has any effect whatever in healthy stomachs, or in the case of patients with dilatation of the stomach and moderate catarrh, where free acids had been found previously in the washings of the stomach. This result, Dr. Fleischer points out, is not contradictory to those of Professor Leube, who found that in his patients with chronic gastric catarrh digestion was distinctly improved by the use of these drugs. In Professor Leube's cases the gastric juice was deficient, while in Dr. Fleischer's it was secreted copiously. The preceding results justify us in forbidding the consumption of a large amount of fluid, more especially cold water, at meals; and they also show that after dinner a period of rest is advisable. Dr. Fleischer had previously watched the good effect of poultices in cases of ulcer of the stomach, and he believes that this arises not only from their soothing influence, but also because the process of digestion is hastened, and so the stomach has a long period of rest.

Mercurial Salivation.—Dr. Panas, of the Hotel Dieu, insists that mercurial stomatitis is no indication of the system's saturation with mercury (*Gaz. des Hop.*). It is a complication which greatly impedes treatment, and depends upon an anterior alveolo-gingival stomatitis, and may be always prevented by curing in advance, by local means, the condition of the gums and alveoli. This is done by the removal of the tartar, and then in the application of tincture of iodine, and carbolic acid diluted to a twentieth; these, to be of use, being introduced to the bottom of the alveoli. If the gums are quite healthy, astringents applied daily will keep them sound and healthy however long the mercurial treatment. Dr. Panas considers chlorate of potash inefficacious and even capable of doing harm by its irritation.

Two Cases of the Successful Resection of Intestine.—Dr. Joulliard, of Geneva, publishes in the Medical Press the following case: A woman had a hernia which became strangulated and left a preternatural anus; the second was a man with left inguinal hernia that had become strangulated. At the operation in the latter case the intestine was found to be gangrenous and perforated in numerous spots; the testicle was also found to be gangrenous. Twenty-five cm. of intestine were removed, together with the testicle, and an artificial anus was established. After the parts had recovered a healthy tone an attempt was made to unite the divided ends of intestine, this was followed by union by first intention.

Dr. Joulliard distinguishes between primary and secondary enterotomy. The former designation he applies to resection performed on account of gangrene of intestine, and the latter to similar operation for artificial anus.

He considers the latter much more easy of performance, as well as safer to the patient. The operator, in the latter case, does his work with an empty and dry intestine to work upon, whilst in the former case the bowel may be full of feces constantly forcing their way down and impeding the operation. In the latter case, moreover, the gangrene has done its work, and it is perfectly certain that it will not spread beyond the sutures, and the patient is freed from the double risk of strangulation and operation at the same time.

For these reasons Dr. Joulliard thinks it safer in cases of hernia with gangrene of intestine to first make an artificial anus, and afterward, when tone and strength have been recovered, to resect and restore the continuity of the gut. In further proof of the correctness of his views, he adduces twenty-five cases of resection for artificial anus with but eight deaths, whilst of forty-four cases (besides unpublished ones) of primary intestinal resection, twenty-three were fatal.

Shortening of Round Ligaments for Cure of some Displacements of the Uterus.—Dr. William Alexander read a paper on this subject lately before the Liverpool Institution. Considering the great number of cases of prolapsus of the uterus and retroversion that are practically incurable, Dr. Alexander sought for some other method of treatment than those in vogue. After many operations and investigations on the dead body, he decided to try cutting down on the inguinal ring, seizing the round ligament, drawing out the "slack," and then, after ascertaining the exact retrocession of the uterus, fixing the ligament thus tightened in its new situation. The results obtained were very encouraging, and in some earlier instances have, after a lapse of six or eight months, lost none of their encouraging character.

Removal of Ink-Spots.—Chloride of lime and oxalic acid take out the color in colored objects, and thus make new spots. The best plan is to use a phosphate of soda, first of all spreading a few drops of melted suet over the ink-spot, and then washing the substance in the saline solution until the spot disappears.—*Four. de Phar. d'Anvers.*

A case of abscess of the liver following arrested menstrual discharge from exposure to cold is reported in Medical News, December 9th.

The Use of the Speculum.—At one time most of the diseases of women were referred to the ovaries, at another to inflammation of the uterus, at another to inflammatory ulceration of the neck of the uterus, and at another to so-called displacements of the organ (The Lancet). For many years after the revival of the speculum by Récamier, the great majority of cases of disease of the pelvic organs were claimed as ulcerations of the cervix. This was not unnatural, for the cervix was the only part which could be examined ocularly, or indeed be examined at all. The means for exploring the whole of the pelvis, the ovaries, the body and canal of the uterus had not been discovered, and the consequence naturally was that every case of supposed uterine disease was examined by the speculum. The value of the speculum as a means of diagnosis was, however, greatly over-estimated. Belief in the importance and frequency of inflammatory ulceration of the cervix was rife more than thirty years ago, and for long afterward, and during this period the necessity of the speculum both for diagnosis and treatment was pretty generally held. There were, however, some who attached no importance to the so-called ulceration, and who brought forward reasons in favor of their views, which have convinced gynecologists generally of the error of the pathology which refers the mass of cases of uterine disease to inflammation of the cervix. With the downfall of this system of uterine pathology the speculum naturally fell into disuse, and when the so-called mechanical school came into existence the use of the instrument as an aid to diagnosis became infinitesimally small. Whether the pathology which has done so much (its best result, perhaps) to discourage the use of the speculum is already upon the wane, or is destined to further development, certain it is that the speculum will never be had recourse to for diagnosis with the same frequency as at the period above referred to. For many years now the greatest strides in gynecology have been made in the surgery of the pelvic organs, and the operations devised for the renovation of these organs when injured, or for the supposed improvement of their shape and position, or for the enlargement of constricted or supposed constricted orifices, are numerous. For all these operations the speculum is necessary, and without its aid they can not be safely carried out. For applications to the mucous membrane of the vagina also, and for intra-uterine medication, a plan of treatment which is probably destined to greater development than it has hitherto attained, the instrument is indispensable. The means now at our command for exploring the condition of the pelvic organs are so far superior to the speculum that it forms by no means an important aid in diagnosis, while it is, and always must remain, an indispensable instrument in the local treatment of diseases of the uterus and vagina.

Tenia in a Child Seven Months Old.—Dr. Schopft communicates (Ann. de Gynéc.) a rare case, in a child seven months old, in whose feces the proglottis of the *tenia circumserina-elliptica* were found. According to recent researches, the cysticerci of this tenia are found in dogs' lice, and the dogs become infected by swallowing the parasites. Consequently the appearance of this parasite can only be explained in persons who are brought into close contact with dogs. In the case reported it was found that the child had been accustomed to play with a dog affected with some skin disease accompanied by falling of the hair.—*Medical News.*



THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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LUNSFORD P. YANDELL, M. D., . . . }
L. S. McMURTRY, A. M., M. D., . . . } Editors.

PROSPECTIVE.

This number of the LOUISVILLE MEDICAL NEWS completes Volume XIV. With the opening of the next volume, which begins with the new year, it is the purpose of the editors and publishers to make some very important, and to our readers, we trust, very agreeable changes. When the present editors assumed the management of these columns, three months ago, it was announced that no efforts would be spared to make the NEWS a faithful exponent of medical science in the South and West, and that it will be the policy of the present management to make it eminently a practitioner's journal. It was also indicated that our readers will be furnished the freshest and most practical items of medical progress in all countries, and that in all its departments the NEWS will be up to the most improved and advanced standard of medical periodical literature. As an earnest of these assurances our readers will find the NEWS increased from twelve to sixteen pages of reading matter with the first number of the new year. By thus enlarging our space we will be enabled to lay before the profession a very large amount of choice reading matter every week, and to give place also to many valuable original papers. By this change our subscribers will receive annually over two hundred pages more reading matter than heretofore, making in all eight-hundred and thirty-two.

We have also much pleasure in announcing that our facilities for obtaining valuable

VOL. XIV.—No. 27

contributions from both American and European sources are very greatly improved. By special arrangement a series of letters from a distinguished and brilliant member of the profession in London will be published during the course of the coming year. Arrangements have also been made for valuable contributions from various parts of the United States. Our editorial columns will be devoted to the discussion of subjects of scientific, ethical, and general professional interest; and we shall endeavor to discuss the living issues before the profession from the standpoint of the practical medical man.

Last, but not least, and we claim for it some special consideration, the subscription price of the NEWS will remain the same. The size of the journal will be increased without any additional cost to subscribers. When the fact is recalled that the NEWS is the only medical weekly in the Southwest, and that every weekly medical journal at all comparable with it in its improved form costs almost double its subscription price, then our readers will realize the extraordinary amount of valuable material they are receiving for the small subscription. The weekly medical journal has become to physicians a necessity. Two of the leading American monthlies will begin the new year as weeklies, thus showing the demands and requirements of the medical public and of medical thought in America. With these requirements it will be our constant effort to keep fully abreast.

Believing, as we do, that honest and well-directed work is rarely, if ever, altogether lost or without reward, we have every confidence that our efforts will be appreciated. In clos-

ing Volume XIV we bespeak a continuation of the support and encouragement which the profession has so long and so cordially extended this journal.

SIR THOMAS WATSON.

What physician has studied and practiced medicine during the last quarter of a century without reading with delight and instruction "Watson's Practice of Physic?" Who could read those lessons from nature so accurately and exquisitely drawn, with a grace of style and classic diction never surpassed, without feeling a genuine personal interest in their author? Hence it is with more than ordinary regret that the profession will learn of the death of this scholarly physician and lovable gentleman, who outlived as he outlabored all his contemporaries.

Sir Thomas exemplified the highest type of general practitioner. He studied the human system as a whole, and appreciated all the intricate details and mutual dependencies of human physiology and pathology. He combined most happily and successfully the work of the pathologist and the diagnostician, the clinician and the well-read physician, the practitioner and the scholar. He was a philosopher in medicine, and with industry, patience, and enthusiasm, took a broad and accurate view of both the science and the practice. His descriptions of disease have never been surpassed, and though given to the profession many years ago, the student finds his work filled with sound principles of pathology and general therapeutics which will never become obsolete. When one has read his work one is not surprised to find his personality such as is described by a contemporary in the following words:

"He is seated in his library, surrounded by his books. His neat attire, the associations of a cultured physician, and the thoughtful countenance, make up a most interesting *ensemble*, and reveal, at the same

time, the literary character and professional eminence. Such was the position of Watson in London—scholar, gentleman, and physician—a scion of an old family, a wrangler of Cambridge University, and the leading practitioner of the metropolitan city of England."

BUCHANANISM IN BOSTON.

Certain persons residing in Boston have been detected and arraigned for issuing fraudulent medical diplomas with the title of the "Bellevue Medical College." They escaped conviction by showing in evidence that they were in possession of a charter for such institution, which had been granted many years since and was supposed to have been repealed. The act of incorporation authorized the granting of diplomas upon grounds to be determined solely by the officers of the institution, and hence, under the law, the power of the so-called faculty is supreme. The lesson is that in every State charters for medical colleges not in active operation should be repealed. It is the duty of both the public and the profession to give heed to these "inoperative charters" and have them repealed by legislative action before they grow old and pass into unscrupulous hands. There is one charter incorporating a medical college now in Louisville which should be promptly repealed at the next session of the General Assembly at Frankfort.

DR. J. FORSYTH MEIGS, the author in connection with Dr. Pepper of the well-known work on the Diseases of Children, died at his home in Philadelphia on the 16th inst. He was the son of the late eminent Professor of Obstetrics, Dr. Charles D. Meigs, and one of the most popular and skillful practitioners of his city. He was for many years one of the physicians to the Pennsylvania Hospital, where he lectured with success. He died at an advanced age, after a brief illness.

MISCELLANY.

THE ACTUAL VALUE OF NEW DISCOVERIES in science can never be at once appraised. It is long before the true relations of fresh facts can be ascertained. They are magnified by the halo of novelty which surrounds them, and which itself depends on the mists of ignorance that prevent us from estimating the proportions and discerning the position of a new light in the sky of science (Lancet). Sometimes a discovery at first is undervalued. Modest and unobtrusive in appearance, its significance is only realized when long-continued observation has shown its true position, or revealed the order to which it is the key. Much more frequently the influence of a new discovery is overestimated. Expectation is aroused by the trumpet-blasts which herald its approach, and the discovery is received with universal acclamation, as explaining all things, or about to explain them—as effecting all things, or about to effect them. . . . We may take as an instance the remarkable discoveries regarding the relation of bacteria to tuberculosis. These have been at once received as evidence of the contagiousness of phthisis. All that they really do is to enable us to understand how phthisis *may* be contagious. They afford no proof that it is, and at present there is no more evidence of its contagious character than there was before.

THE “NON-RESTRAINT” LUNATIC SYSTEM IN AMERICA.—It is amazing, as well as amusing, says the Lancet, to read in a recent number of the Boston Medical Journal an announcement that the medical superintendent of an asylum numbering eight hundred (!) inmates, “many violent and noisy, making them difficult to control,” has dared to adopt the non-restraint system. Of course it is only at one asylum that this temerity has been shown, and even there the doctor stands on his reserved right to restrain either by the usual devices or by the use of sedatives, if he thinks it necessary. By-and-by, if this sort of thing goes on, some one in connection with a public hospital will be making the public hair stand on end and at the same time earning for himself eternal gratitude by *venturing to give the victim of a formidable operation chloroform!* Happily, however, it is only in respect to the management of the insane America lags about forty years behind the rest of the world and is now just beginning, in a very small and limited way, to perceive what

other peoples have long recognized—namely, that insanity is not either a “visitation” or a crime, but simply a disease, which only needs to be treated on *medical* principles to be brought within the pale of human influences, when its victims will be found not less easily manageable than the sane.

A CASE of ovarian pregnancy with lithopedion of thirty-five years’ duration is related in the *Archiv für Gynäkologie* by Dr. Leopold (Medical Times and Gazette). The patient at her death was seventy-five, and had been pregnant eight times. Shortly after her fourth labor she again conceived (being then forty years old), and presented the diagnostic signs of extra-uterine gestation. It did not cause her any suffering, and at term the fetus died, but no subsequent discomfort was experienced. After this the patient bore three children with easy and natural labors. The abdominal tumor became from year to year firmer and harder, was recognized by medical men as a lithopedion, and was borne for the rest of life without trouble. On autopsy, the fetus was found lying with the head downward, the breech directed toward the liver. It weighed about three pounds. It was inclosed in a capsule of bony hardness, which could only in places be indented with the finger. The child was doubled up so that the chin was in contact with the upper part of the sternum, and the thighs with the lower part. When extended it measured about seventeen inches in length. Nearly all the organs could be recognized, and the histological structure of many tissues was preserved. The pregnancy, Dr. Leopold thinks, was ovarian. He quotes from Spiegelberg four distinguishing marks of ovarian pregnancy: (1) That the ovary on the side of the pregnancy can not be found; (2) that the fallopian tube on the side of the pregnancy can be traced unaltered; (3) that the ovarian ligament runs from the cyst to the uterus, and that the topographical relations of the tumor are those of the ovary; and (4) that Graafian follicles can be found in the cyst-wall. In the case under consideration the three first of these characters were present; the fourth was not discovered, but the changes which had taken place in the cyst-wall would evidently have prevented the recognition of any such structures that might once have existed. Dr. Leopold enumerates thirteen indubitable published cases of ovarian pregnancy (a variety once regarded as impossible), this one being the fourteenth. Dr. Leopold refers to his for-

mer writings on the subject of lithopedion, in which he has pointed out that the ultimate fate of a retained extra-uterine fetus depends upon whether its membranes remain entire or not. If they burst, the fetal tissues are invaded by leucocytes, the soft parts disintegrated and removed, and the skeleton only remains. If the membranes remain uninjured, the fluid constituents of the fetus are absorbed, and mummification, or even, as in this case, calcification takes place.

HOLIDAY COLONIES.—At the International Congress for Hygiene, which met lately in Geneva, a subject was discussed by the famous sanitarian, Dr. Varrentrapp, of Frankfurt, which, we think, will have much interest not only for philanthropists, but for all who love to see happy rosy childish faces in place of the wan cheeks and languid eyes that so often meet us in the closely populated side-streets of London. It has long been the custom with large-hearted men and women, in London and elsewhere, to take bands of children from the centers of our large towns for a day's outing in the green fields and flower-grown lanes that lie not very far from even the largest cities. Those who know the heart of a child, and have seen these bands, know something of what that outing means to them. For many it is the one bright particular day of the year, preceded by breathless expectation, followed by lingering happy memories. But while in this way a day's outing is valuable, nay, most valuable, it can not be compared with the system discussed by Dr. Varrentrapp, and already to some extent established among ourselves. This consists in taking bands of weakly, poor, but well-behaved school children, to the number of ten or fifteen, under the care of a teacher (male or female), away from their usual surroundings, for a stay of three to four weeks in the open country, where they can be well housed in large, healthy, airy rooms, well fed with plenty of nourishing food, and encouraged to be much in the open air. Some would question the physical benefit of one day's outing, some even that of three weeks. Dr. Varrentrapp says that experience of five Swiss and twelve German "holiday colonies," as he terms them (1877-1880), shows that the children gain not only in freshness of aspect and in cheerfulness of movement, but also in weight (on an average, one to three pounds), and in stature (three quarters to one and three quarter inches). This increase is distinctly greater than is observed in children of a

like age in a like time. The measurement of the chest, Dr. Varrentrapp says, is difficult in children at this age, and has not yet given results that can be employed statistically. Dr. Varrentrapp distinctly emphasizes that the children taken out in such "holiday colonies" ought to be weakly, poor, and well-behaved, but that they ought neither to be sick nor in the early stage of convalescence from sickness. For these last, individual care and nursing is necessary. For the "holiday colonies" the teacher's oversight should not be too much broken up. All the children ought to have uniform nourishing diet, and be encouraged to walk, run, bathe, engage in gymnastics, etc., without being too much afraid of a little rough weather. This would not suit either sick or convalescing children, for whom children's hospitals must provide the necessary care. The cost for each child daily, Dr. Varrentrapp estimates at two shillings, admitting, of course, that in this there may be wide differences. He recommends specially as the site for "planting" such colonies, mountain or seaside, the details being arranged according to place and opportunity; and he closes his address with an eloquent appeal, in which we would most warmly join, that, as each bright summer-time comes round, all medical men will remember the children, and do what in them lies to further the number and success of our "holiday colonies."

DEFECTIVE MIDWIFERY INSTRUCTION.—The Lancet's suggestions, which we copy, should be followed by all our American obstetric teachers: There can be no doubt of the vast importance of, as well as the necessity for, the effectual practical teaching of midwifery in our medical schools. The great majority of all those who engage in the private practice of medicine are called upon to attend women during their lying-in. A very large proportion of women who suffer from diseases peculiar to their sex refer their suffering to a previous labor, and justly. The mortality in childbed is very great—about one in one hundred and twenty; and in all cases of difficult labor two lives, that of the child and that of the mother, are at stake. These facts sufficiently testify to the importance of midwifery as a branch of medical education, as well as to the necessity of teaching our students the practical details and management of labor in all its varieties. The methods adopted in the English schools differ materially from those in use on the

Continent. In France, Germany, and Austria large lying-in hospitals are common, and it is not an infrequent practice to conduct difficult cases of labor in the theater before a crowd of students when any obstetric operation is to be performed. In this country, on the other hand, such practice is unknown, and the sentiment of the public would doubtless be altogether opposed to its adoption. At the same time, if the practice were of such value that it supplied the student with a knowledge of operative midwifery which he could not otherwise obtain, and in this way proved conducive to the safety of the public, poor as well as rich, the sentiment would be unreasonable, and should be as far as possible treated accordingly.

A RARELY WISE FRENCH IDEA.—A circular from the Minister of Public Instruction is being sent round (says the *Lancet's* Paris correspondent) to the different schools, enjoining the masters not to overburden their young pupils with a multiplicity of subjects at the same time, as, far from such a practice being profitable to them, it would be rather prejudicial to their young minds, and would tend to disgust them with their studies. The circular also treats of the necessity of allowing the children more time for their meals than is now obtained, and more leisure for corporal exercises. The minister dwells upon the necessity of masters and teachers studying the constitution and natural aptitudes of their pupils, and of dividing the hours for study according to the average amount of intelligence of the boys of the same class, leaving them sufficient time for play and rest. And while the culture of the mind should be properly attended to, the physical development should not be neglected. Orders have been issued that gymnastics and athletic exercises should be introduced into every school and college.

To THE usual excess of the body-length and body-weight of males over females, there is an exception between the twelfth and fifteenth year of life (Dr. Thoma, quoted by the *Lancet*). At this period the development of the female equals, or even exceeds, that of the male—an indication of the earlier attainment of puberty in the female sex. Normal growth is not uniform, but presents an increased or lessened activity at different periods of development. The most rapid growth is observed in the last months of fetal life; after birth it gradually becomes

slower, until some time between the sixth and ninth year. An acceleration then commences, which becomes most rapid between the thirteenth and sixteenth year, and after this epoch a progressive retardation is observed. The full height is attained at latest by the thirtieth year, but the average weight continues to increase; in later life both lessen. The variations from the average are greatest at the period of most rapid growth, and least when this is slowest. All the phenomena occur earlier in females than in males.

IN MEMORIAM: GEORGE CRITCHETT.—The following acrostic is from the *British Medical Journal*:

Gone to the far-off land! the eternal shore!
Entered, we humbly trust, into his rest!
Outspread your golden wings—ye angels blest—
Receive him. Lord, close not the heavenly door!
Grant him—oh! grant him—mercy from Thy store.
Ever was he the kindest and the best.

Come to his grave, with fairest flowers o'erstrewn;
Renew from day to day these emblems sweet;
In recollection fond, we mourners meet;
Tell of his gifts so well, so widely known,
Call to remembrance bounties broadcast thrown.
Heard o'er the world a wail of grief for thee;
E'en to unnumber'd eyes the tear-drop starts;
Thy name is graven on ten thousand hearts;
Thine acts of love shall live eternally.

DOCTORS OF MEDICAL SCIENCE.—The French Minister of Public Instruction has issued a circular to the doctors of the medical schools, requesting them to seek the advice of their various counsels as to whether it would be desirable to create a new degree superior to that of Doctor of Medicine, to be termed *Docteur ès Sciences Médicales*. The minister observes that there are three points to be especially considered. 1. The utility of having above the doctorate of medicine, which is especially a professional degree, a superior degree indicating more complete and more scientific acquisitions, and more personal and more original studies. 2. What exigencies should be imposed on the candidates for the new doctorate beyond those already required for the doctorate of medicine? 3. In what way are the tests of the qualifications of the candidates to be settled?

ADULTERATED FOOD AND DRINK.—The Paris municipal laboratory for the analysis of the solid and liquid food sold in that city reports that nearly every article of consumption is more or less adulterated. Coffee and chocolate are rarely sold pure.

Original.

ARTHRITIS DEFORMANS.

University of Louisville Clinic, October 14, 1882.

J. W. HOLLAND, M. D.,

Professor of Pathology, Clinical Medicine, and Nervous Diseases, University of Louisville.

[Reported by C. M. Henderson.]

Gentlemen: The remarkably deformed patient you see lying on the table, having the dimensions of a boy of twelve, is actually twenty-seven years old. He has come from Daviess County, of this State, to see if something can not be done for him.

He gives the following history: At the age of seven he had what I suppose was an attack of acute rheumatism. It was a fever without skin eruption, but remembered because of the joint-pains and copious sweating which attended it. His previous condition was one of perfect health.

His left hip-joint became gradually stiffened, and next the knees were involved. In two years both knees were permanently stiff, in a position of flexion. Step by step every joint in his body was invaded by the disease, became painful and fixed. At present he can move no joint but that of the shoulder, of two or three upper cervical vertebræ, and of the fingers. Even these four joints lack much in suppleness and range of movement. On stripping him, you see that his joints generally are crooked and incapable of the slightest movement. His limbs have not grown beyond the size attained by most boys at ten or twelve years of age. The muscles are small, shrunken, and cordlike. Occasionally you perceive an involuntary twitching in them.

His head is of normal size, and facial expression intelligent.

There is hair on the face and pubis. His genitals are properly developed, and he has the sexual desires of a man. He has been lying on the right side for seventeen years, with his arms bent on the forearms, his thighs flexed on the pelvis, and the legs drawn back to the thighs. His toes are all flexed except the great toe of left foot, which is extended and slightly dislocated. There is partial dislocation of the phalanges of the right hand. From constant pressure the thorax and pelvis have become flattened. There is a consequent displacement of the heart, but no signs of organic disease. His spine is curved slightly forward, but not at an angle. There is a bony prominence over

the sacrum. There is perfect ankylosis of all the vertebræ but a few near the occiput. The joints of the long bones are relatively large, but are not painful. At changes of the weather, or when forced extension is attempted, the joints of the fingers give him pain. There has never been any discharge from these joints. His appetite and digestion are good. He eats but little, as he requires but little to sustain his vegetative existence.

He sleeps well, his mind is clear and certainly up to the average in quickness and cheerfulness of tone.

Here we have completed all the lines of a typical case of rheumatoid arthritis, or arthritis deformans.

Beginning earlier in life than is usual as acute rheumatism, the malady took the formidable shape you see illustrated here, binding its victim to his mattress all his life through, and still not satisfied. It has destroyed the hinges of his limbs and of his spinal column, stolen the cunning from his fingers, and locked his jaws, while it has cruelly left him with the cravings for a full life, physical and mental, such as arise from healthy visceral action. It is not unlikely that in its further progress his few remaining joint movements will be totally annulled. It is a case to rouse the doctor to his best efforts, and I doubt not his physicians rung the changes on all the remedies that have ever been recommended. He tells us that he has taken much medicine, but neither he nor his doctors have ever seen benefit flow from treatment.

That which promises most in the forming stage is the alkaline and salicylate regimen of acute rheumatism. This should be followed in the chronic phases by iodide of potassium liberally given, and alternated with iron and cod-liver oil.

Cod-liver oil was first brought before the profession as a remedy for chronic rheumatism, and in a delicate, growing boy so afflicted it ought certainly to evince its powers.

It would not be out of place even now if we would save for him the little voluntary movement left. As an adjunct highly recommended by Trousseau, the hot sand-bath should be daily applied to the left shoulder and the hands. We may not indulge ourselves in the hope of removing the osseous and other growth that has destroyed and supplanted the synovial structures, but we may possibly arrest the process or retard its spread.

His locked jaws are a great inconven-

ience; he talks through his set teeth, and can take liquid food only. His incisors are very much decayed, and it would not be difficult for a dentist to remove some of them. They do him no good now, and their absence would be a benefit. He could talk better and take his food easier, whereas now his broths find their way slowly through the spaces between the teeth, then he could take good swallows sucked through a tube. A small satisfaction may be a great gain to a person afflicted in this way.

You will observe that despite the constant pressure upon the prominent parts of the right side, there are no bed-sores. Doubtless he has been carefully nursed, and secretions not allowed to irritate by contact with them. This is an excellent proof of the perfect health of his nervous system and his nutritive functions in general. Had these latter been impaired to any extent, bed-sores would have been a consequence. We will enjoin local cleanliness and bathing with whisky to obviate the effects of constant pressure and dependent posture.

LOUISVILLE.

CLINICAL OBSERVATIONS ON RETRO-PHARYNGEAL ABSCESS AND TRAUMATIC CATARACT.

M. F. COOMES, M.D.

Professor of Physiology and Ophthalmology in the Kentucky School of Medicine.

CASE I. RETRO-PHARYNGEAL ABSCESS.

Mrs. Anna L., aged forty-seven years, consulted me on the 23d day of May, 1882. She had been suffering with a sore throat for some months, stating that this condition obtained by frequent attacks; and that one attack would scarcely subside before another would occur with increased severity. She had suffered with insomnia and depression of spirits, with loss of appetite, and when she called on me was nervous and irritable. Deglutition was difficult, fluids being swallowed with considerable effort, and solids could not be swallowed without great pain and distress. There was neither external swelling or soreness of the neck. On examining the throat by means of a strong light and the mirror, I observed a large protrusion or tumor on the left side of the pharynx, extending forward and toward the right side in such a manner as to almost close the space leading to the larynx. It was impossible to obtain a full view of the larynx with the aid of the smallest throat-mirror, only

the epiglottis and a circumscribed portion of one vocal cord could be seen. These structures were seen to be in an apparently healthy condition, and the voice was unimpaired.

The tumor, if I may be allowed to call it such, was not so well a defined growth as the word would indicate; it was simply a bulging of the tissues with marked outline. The patient and her husband were apprehensive that it might be an aneurism, and in consequence of that fact suggested a consultation.

There was an absence of that extreme tension which accompanies a diffused aneurism. The fluctuation was slight, and not well marked. There was no circumscribed redness about the protrusion. Dr. James M. Holloway saw the case with me, and fully concurred with me in my diagnosis, viz., that the tumor contained pus. On the following day we visited the patient at her residence and aspirated the tumor, drawing off quite a quantity of pus, thus confirming our diagnosis. There was no attempt to evacuate the tumor by this means, because it was evident that it would be necessary to keep it open for a considerable length of time. On Wednesday, the 26th of May, I opened the tumor in the following manner: As it was impossible to determine the thickness of the tissues overlying the pus cavity, great care was necessary in making an opening into it, because the sudden outpouring of pus might strangle my patient; and furthermore, if the knife should by any accident be passed too far back, it might come in contact with important blood-vessels and nerves.

With all of these facts before me, I proceeded to make a vertical cut into the tumor with a Beers' cataract knife, and after the instrument had passed in almost or quite two thirds of the length of the blade, without any sign of pus, I withdrew it, preferring to proceed with an instrument whose point was not so sharp. Before introducing another knife I concluded to try and see what I could do with a bulbous-pointed probe, and at once introduced such an instrument into the wound, and found that the knife had almost entered the sac of the abscess.

The extreme elasticity of the undivided tissue led me to this conclusion, and I asked my assistant to take the probe and feel the peculiar impression imparted by the instrument, when it suddenly passed into the sac, and there was a moderately free flow of pus, which soon ceased.

I then introduced a probe-pointed bistoury and enlarged the opening to an extent sufficient to admit a free flow of pus. The tissues were so dense that I was compelled to keep a pledget of lint in the wound in order to maintain its patency.

The after-treatment of the abscess consisted in washing the cavity once a day with a solution of listerine, varying from one to three drams to the ounce of water. This treatment was continued until the wound was entirely free from pus, and all evidences of swelling disappeared, when it was permitted to close.

Since the patient's discharge she has complained of occasional pain in the cervical region. This pain seems to be persistent in its nature, and I am apprehensive that some return of trouble may yet recur.

I have recently seen a case, in consultation with Dr. Sam. E. Woody, of this city, in which the abscess broke high up, and a portion of its contents passed into the posterior nares, a large quantity passing into the larynx, with most alarming symptoms, which, however, were of short duration.

Recovery in this latter case was rapid, the treatment consisting in the application of antiseptics to the nose and pharynx by means of an atomizer.

The subject of this instance was a colored girl sixteen years old, well developed, and apparently free from any strumous taint. There has been no complaint of pain in the neck, and the abscess was probably located in the soft tissues without the involvement of any of the bony structures.

CASE II. TRAUMATIC CATARACT.

William Rapp, aged twenty years, consulted me on the 13th of March, 1882, and stated that he had received an injury of the left eye, about an hour previous to the time at which he called on me. He said that he and a friend were in a feed-store, and that a friendly game of pitch was started between himself and his companion, in which ears of corn were substituted for a ball; and that in a short time the game ended in blows, and that his companion struck him over the left eye with an ear of corn, the shock being of sufficient force to knock him to the ground. Upon arising he found that vision in the left eye was very much impaired, and that objects had a reddish appearance when viewed with that eye. The iris of the injured eye was pushed well forward against the cornea so as to almost obliterate the anterior chamber. There was quite a quantity

of blood occupying the area of the pupil, which rendered an ophthalmoscopic examination impossible. The patient was able to distinguish light from darkness, and to locate a gas jet with moderate accuracy.

There was a rupture of the cornea, extending from its central vertical meridian to the sclero-corneal junction, where the rent terminated. The wound in the cornea had more the appearance of a crack than a cut. It was irregular in its outline, although the corneal epithelium along its course was not disturbed, a peculiarity which made the wound have more the appearance of a rupture than a cut. The eye-lid was considerably bruised, as was the forehead and face on that side. The treatment consisted in the instillation of a solution of atropia into the eye (four grains to the ounce of water), and the application of a compressive bandage. The bandage was removed whenever it was necessary to apply the atropia, which was every two or three hours in the beginning, but after the third day it was only necessary to remove it once in twenty-four hours.

The lens became cataractous and was gradually absorbed, and with the aid of a glass the patient can now count fingers with the injured eye and see to do ordinary work.

From the appearances of the wound, it is almost certain that this patient's eye was ruptured by the great force of the blow, and not by any cutting process; yet it is difficult to see how such an injury could take place without complete destruction of vision from detachment of the retina and disorganization of the entire contents of the globe.

Books and Pamphlets.

A CASE OF MELANOSIS. By WM. H. FALLS, M.D. Reprinted from the *Lancet* and *Clinic*.

IS THE OBSTETRIC BINDER NECESSARY? A Report to the Wisconsin State Medical Society. By HENRY P. WENZEL, M.D., of Milwaukee.

THREE CASES OF RUPTURE OF THE UTERUS. By HENRY P. WENZEL, M.D., of Milwaukee, Wis. A reprint from the *American Journal of Obstetrics*.

THE SANITARIAN, devoted to the Preservation of Health, Mental and Physical Culture. New York: January 4, 1883.

This excellent periodical, after ten years of successful publication as a monthly, now appears as a weekly with the above title. This has long been the leading journal devoted to public health in this country, and as a weekly in its new and enlarged form it will doubtless maintain its eminence and usefulness.

THE BIRMINGHAM (England) MEDICAL REVIEW, a monthly journal of the Medical Sciences. Edited by ROBERT SAUNDBY, M.D. December, 1882.

The above excellent monthly is cordially welcomed to our exchange list.

ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR, 1882. Washington.

AN ANALYSIS OF EIGHT THOUSAND CASES OF SKIN DISEASE. By L. DUNCAN BULKLEY, A.M., M.D. New York. 1882.

This is a pamphlet of thirty pages, and is a statistical study of both the common and rare diseases of the skin. It is a contribution to the natural history of the cutaneous affections, with the relations of the same to age, sex, and habits. Like all of Dr. Bulkley's contributions to medical literature it is thorough and valuable.

THE U. S. DISPENSATORY. The publishers, J. B. Lippincott & Co., of Philadelphia, announce that the fifteenth edition of this work will be ready January, 1883. This edition has been prepared by Dr. H. C. Wood, of the University of Pennsylvania, and J. P. Remington, and S. P. Sadtler, of the College of Pharmacy of Philadelphia. The revision has occupied about three years, and is very thorough, embracing the most recent discoveries in materia medica, pharmacy, chemistry, and therapeutics. The new pharmacopeia will be fully expounded and discussed. American physicians will cordially welcome this famous work which has so long been relied upon as an encyclopedia of materia medica, therapeutics, and pharmacy.

REPORT OF THE BOARD OF TRUSTEES OF THE ARKANSAS STATE LUNATIC ASYLUM, at Little Rock. 1882.

This is the first report of an institution which has just been established in the State of Arkansas. The Board of Trustees is composed of well-known citizens of Arkansas, the president being Dr. P. O. Hooper, the late first vice-president of the American Medical Association. The citizens of Arkansas may congratulate themselves upon the appointment by the Governor of a physician and fellow-citizen so eminently fitted for the honest and faithful discharge of such a trust. Our former neighbor, Dr. C. C. Forbes, for a number of years the Superintendent of the Central Kentucky Asylum at Anchorage, was elected superintendent of this new institution in Arkansas, and has entered upon his duties. In the report before us it is stated that Dr. Forbes was elected without his knowledge or solicitation, and his experience in the care of the insane and in the management of such an institution gives him special fitness for the duties assumed. The report is highly creditable to the Board of Trustees.

THE NEW YORK MEDICAL JOURNAL, which for eighteen years has enjoyed a deserved popularity as one of the best monthly medical periodicals in Amer-

ica, has been altogether remodeled as to size and form and appears as a weekly review of medicine. This change was announced some weeks since, and attention was called to the proposed improvement in these columns as indicative of a higher development. The first number of the new volume, bearing date of January 6, 1883, is before us. The first article is by Wm. B. Carpenter, M.D., on Human Automatism, in the form of a lecture. Four of the five original papers of this "crack number" are devoted to Antiseptic Surgery in its various branches and applications, by four well-known New York surgeons. The editorial subjects are well chosen and felicitously discussed, though not with a superabundance of force and individuality. The evidences of ability, however, are there, and under the stimulus of weekly demands improvement will be manifest. The selections are made with admirable taste and judgment, which fact will be all the more evident to our readers when we add that in the department of Miscellany a recent editorial of the Louisville Medical News is reproduced in full and duly accredited. Respecting the excellence of the typography, it is only necessary to say that this is one of the publications of the Appletons. To our old friend in the new dress we say, most cordially, "God speed."

BIENNIAL REPORT OF THE ALABAMA INSANE HOSPITAL, at Tuskaloosa, for the years 1881 and 1882. Montgomery, Ala. 1882.

This pamphlet is made up almost in its entirety of the report of the superintendent, Dr. Peter Brice, to the Board of Trustees of this excellent hospital. We have never seen any similar report, made up of details of practical character, together with the record of scientific observations and statistics, which contains within the space so much that is valuable and satisfactory. Dr. Brice is eminently qualified for the humane work in which he is engaged. He is up with the most recent advances in neurology, psychology, and mental pathology; and is a man of wide and ripe experience in the management of the insane. He does not approve of restraint or punishment in the management of the insane; and he insists that the institution over which he presides is a *hospital* and not an *asylum*. Dr. Brice has made the Alabama Insane Hospital, at Tuskaloosa, one of the best institutions for the care of the insane in America, and an ornament to the State in which it is situated. We could wish the people of Alabama nothing better at this season for good wishes than that Dr. Brice may long be spared to the splendid work which has won him such an enviable position among American alienists.

MEDICAL COLLEGES. Advance sheets from the Fourth Annual Report of the Illinois State Board of Health.

The greater portion of this pamphlet is devoted to a directory of the institutions granting medical diplomas and licenses in the United States and Canada. Eighteen notoriously disreputable institutions, mostly

eclectic and homeopathic, are specified as not recognized by the Illinois State Board of Health. Among those whose diplomas are recognized by this Board are all the remaining homeopathic, eclectic, and irregular institutions of the various States and Canadas. We find the so-called eclectic and other colleges in New York, Philadelphia, and other portions of the United States, which have become notorious for their irregularities, are here placed on a level with the College of Physicians and Surgeons and the University of Pennsylvania. A great deal has been claimed for the Illinois State Board of Health and its work in regulating the practice of medicine in that State. These much vaunted reforms seem to exist only in name, and about the only advance beyond the similar efforts of other States is that practitioners of medicine are required to exhibit their diplomas and register their names. To comply with these requirements almost any thing in the shape and form of a diploma will suffice. The improvement of the medical profession and the regulation of practice in the State of Illinois or elsewhere will require some more positive action than the regulations of the Illinois State Board of Health as presented in the fourth annual report.

Selections.

Spontaneous Rupture of Heart; Survival for Forty Hours.—This marvelous case we condense from the *Lancet*: W. T., sixty-five, was admitted into hospital October 13, 1882. He had that morning gone to his work in his usual health. About 11 A.M., while he was walking along the street, a heavy lamp fell close to and almost upon him. Though he was not struck he was startled very much. Three quarters of an hour later, and after he had walked fully a mile further, he was seized with "a sudden pain all over the chest," and immediately after fell down in a fainting fit.

On admission, at noon, he presented all the symptoms of the most extreme collapse. The whole body was cold and bathed in a profuse cold sweat. There was extreme pallor of face and lips; the radial pulse was only just perceptible, and the heart-sounds were quite inaudible. No increase in the cardiac dullness could be detected, but both lungs were evidently emphysematous. His mind was quite clear, as he answered questions readily, and gave a coherent statement of the morning's events. There was no paralysis. Within the next half hour he vomited several times, and there was constant tenesmus; once his bowels were opened well.

The patient was seen soon after admission by Dr. Coupland, and some internal hemorrhage seemed probable. Cardiac rupture was surmised, though in the absence of any positive proof, such as an increase in cardiac dullness, and looking to his desperate state, a stimulant treatment seemed the only course indicated. A mustard poultice was accordingly applied to the precordia, hot bottles were put to the feet, two ounces of warm brandy-and-water were at once administered, and the following mixture was ordered to

be taken every hour: Spirits of ether and aromatic spirits of ammonia, of each half a dram, and one dram of syrup of tolu in water. Half an ounce of brandy was also given every three hours. Under this treatment the patient slowly but steadily rallied. At 5 P.M. the pulse was distinctly perceptible at wrist, and the heart-sounds were faintly heard at apex, free from bruit; surface of body comparatively warm. Temperature, 96.6°; pulse, 76; respiration, 25. About this time he complained of pain in the right ankle, and a fracture of the lower third of the fibula was detected and at once set. The fracture was believed to have occurred in the syncopal attack. At 11 P.M. the same night the pulse was full and strong, 96; heart sounds moderately loud; lips and face a fair color; body and extremities warm. The stimulants were diminished in quantity and frequency, but still continued.

The next morning (October 14th) the following note was made: "Temperature, 98.6°; pulse, 84. Slept at intervals during the night; has completely rallied from collapse. Skin warm; pulse of good volume and steady, but hard; heart sounds fairly well pronounced. There is some bulging of the left front of the chest in the precordial region." Strict rest and stimulant treatment were continued, and all went well till 6 A.M. the following morning (15th), when, after a good night's rest, the patient became suddenly collapsed and died.

At the autopsy, which was made by Dr. Fowler, the following conditions were found: The cartilages of the third, fourth, and fifth ribs on the left side were prominent and arched. Those on the right side were flattened. All were calcified. On opening the pericardium about one ounce and a half of fluid blood escaped, and the heart was seen to be invested with blackish-red blood-clot, having a smooth outer surface. The clot was not adherent to the parietal pericardium. This clot was separable into two distinct layers, the outer of a rather paler tint and firmer. Each layer was removed separately, and found to weigh about seven ounces, some soft black clot at the back of the sac being weighed with the inner and probably the most recently extravasated portion. The anterior surface of the heart showed a considerable excess of sub-pericardial fat. On turning the heart over, a rent half an inch long was seen in the posterior wall of the left ventricle, two inches and three quarters above the apex and one inch to the right of the posterior coronary artery, having an oblique direction. A probe passed through the rent emerged into the left ventricle, just behind the apex of the posterior papillary muscle. The posterior coronary artery could be felt as a rigid cord, and the pericardium having been dissected off, it was seen to be extremely atheromatous and calcified. A branch of the vessel (not found) had apparently ruptured, as there was some blood extravasated beneath the pericardium and deeper in the fat and muscular tissue around the vessel for a distance of three and a half inches. The anterior coronary artery was also atheromatous. The right cavities contained some post-mortem clots, and the left ventricle also contained a small post-mortem clot. The mitral and tricuspid valves were somewhat thickened and fibrous; the aortic were atheromatous. All were probably competent. The muscular tissue of the heart was soft, brown, and greasy; that of the right ventricle encroached upon by the sub-pericardial fat. The aorta was atheromatous. Both lungs were emphysematous, and very edematous.

Spina Bifida.—Mr. James Morton, of Glasgow, states in the *Lancet* that, up to date, forty successful operations have been reported. He says, "I never treat a case without previously informing the parents of the extreme danger, and of the possibility of even instant death, and my assistants are instructed in regard to the certainty of a fatal result if the cerebro-spinal fluid is allowed to drain away.

It is now my impression that many cases are lost from delay in the treatment; the tumor grows, and thus the interior presents a much greater surface, so large in fact that the infant's feeble powers are unable to bear up against the local excitation requisite to effect a cure, and exhaustion follows. Pressure also, but very gentle pressure, ought to be useful in dealing with the larger tumors. Again, although very many lumbar cases have been successful, I am satisfied that the injection ought to be made with greater care than usual with low lumbar, or those almost coccygeal. This is the opposite of what might be expected, but from dissection I have learned that there the openings into the spinal canal are often large, allowing the injected fluid to run further than is desired, and the shock is thus apt to be greater and more immediate.

In respect to hydrocephalus, it will occasionally occur in such cases, yet the history of at least two cases, known to me, shows that there was a threatening of hydrocephalus before operation, which afterward permanently disappeared, as the patients are still alive and well. After injecting a spina bifida we should wait usually three weeks, longer if the tumor seems to be shrinking. The necessity for earlier interference might arise from circumstances too varied to be noticed here.

One case of meningocele was presented to me, which I injected not fewer than eight times with a solution of double strength (twenty grains of iodine and sixty grains of iodide of potassium in an ounce of glycerine), and which became perfectly consolidated. Nearly two years thereafter the child died of hydrocephalus.

Antiseptic Surgery.—Dr. J. Williston Wright, in the *New York Medical Journal*: With regard to carbolic acid considered merely in the light of a dressing calculated to promote the cicatrization of wounds, and independently of its antiseptic properties, I believe that it acts as a stimulant to the parts to which it may be applied; that, like many other allied substances, it protects a sore from the air, hardens and contracts its surface, thereby lessening its secretion, and so favors those processes of nature whereby alone perfect repair can take place. But that its virtues in this respect are specially greater than those of alcohol, creasote, and many of the terbinthines, or that they are at all comparable with those of peruvian balsam, for example, I have always had serious doubts.

The danger of poisoning by carbolic acid in the treatment of open wounds, especially where considerable quantities are used, as in the syringing out of the cavity of a large abscess, are not so trifling, nor are cases of this kind so rare, as many of its warmer advocates would have us believe. For which reason, as also on account of its well-known irritating qualities, I do not think it is a proper substance to introduce into the peritoneal or pleural cavities in the form of vapor, as commonly used during operations, or in the form of a watery solution for washing out these cavities, except in a very high state of dilution.

Like other novelties in medicine and surgery which present themselves from time to time, carbolic acid has been the popular craze for the last fifteen years; it has been used externally or internally, in some form or other, for almost every ill that flesh is heir to. That it has been the means, either directly or indirectly, of saving many lives, chiefly through the teachings of Professor Lister and his followers, no one who has been at all observant can deny; that it has killed a considerable number of people is equally certain; that it will not cure every thing, and that it will not always prevent blood-poisoning where the constitution of the patient is depraved and the blood vitiated, is a proposition too self-evident to require an argument for its demonstration. That the majority of simple wounds occurring in a healthy subject, and treated under favorable local conditions, will heal equally well without it is perhaps not so easy to prove, yet is generally acknowledged by a large number of careful, conscientious surgeons.

In a word, carbolic acid, considered as a panacea, has had its day; like bromide of potassium, like chloral hydrate, and many other new drugs, after having turned the heads of more than half of the medical world for a few brief years, it has, in this country at least, like them, come to occupy a definite place in the minds of the majority of physicians, or has come to be valued by them for just about what it is really worth, neither more nor less.

Action of Hyoscyamine.—Dr. Thomas Browne, in *British Medical Journal*, thus concludes an analysis of cases reported: (1) The observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of large doses. (2) They also show the marked superiority of the hypodermic method, and the confidence with which, in some cases, its effects could be calculated on, and the dose increased or diminished in accordance with the violence of the patient. (3) In hyoscyamine we have a drug which is often capable of controlling the violence of a furious maniac, and, it may be, checking the torrent of rushing ideas on which he is borne along, soothing without putting to sleep, and, in these respects, differing from morphia or chloral. In noisy and destructive general paralytics, such as indicated in Case III, the quiet air of comfort and repose following a moderate dose was such a contrast with the previous condition as to strongly impress every one with the feeling that, by the introduction of hyoscyamine, another valuable aid has been secured in the care and treatment of such cases. (4) No curative action can be claimed for the drug. Even in acute mania it did nothing more than moderate or check, for a time, the violence of action and, perhaps, render less vivid and overwhelming the terrifying whirlwind of delusion of the frantic patient.

Plantain as a Styptic.—An old styptic, mentioned by Shakespeare and recommended by various writers, from Pliny to Culpepper, plantain has been almost entirely overlooked by modern writers upon therapeutics. Prof. Quinlan, of Dublin, found it in use as a popular remedy in a remote district in Ireland, and has tried it extensively with the best results in cases of external hemorrhage suited to the use of styptics. In cases of internal bleeding from the lungs, the kidneys, the bowels, and in menorrhagia he has got fair results from large and repeated doses of the juice, either fresh or fortified with alcohol or glycerin.

Chrysophanic Acid internally in Psoriasis.—H. E. Cauty, F.R.C.S., reports three cases thus treated and comes to the following conclusions, which we are confident are perfectly correct:

The results obtained in these cases were not such as to encourage further trials, nor to confirm the supposition that there is any specific cutaneous action; on the contrary, it leads to the deduction that in the successful case published in the *Lancet* the good result must have been due to *continuous purging*, and if this deduction is correct, then there are other medicines whose action is equally efficacious, and at the same time free from those irritating properties which characterize chrysophanic acid. In three other cases in which this was tried it acted so immediately as an emetic that it would be absurd to consider them in connection with a constitutional action. In the second case, where the drug was tolerated better than in the others at the time when, if any, a specific benefit ought to have been manifested, the disease increased in virulence. It is possible that in future therapeutical works the acid will be quoted as a remedy for psoriasis, and in consequence it may be tried by many gentlemen whom the persistence of the disease has sorely puzzled; it is with a view of pointing out what results may possibly be expected that the foregoing cases have been recorded and sent for publication.

Note: The name chrysophanic acid is retained in the above observations, but I am informed that the proper name is chrysarobin. This is the active principle or one of the active principles of rhubarb; and I notice in the *Pharmaceutical Journal* the active principle of senna, supposed to be cathartic, has been resolved into three substances, one of which is chrysarobin. The action of the so-called chrysophanic acid resembles very much that produced by senna and all its preparations on some individuals.

Rheumatic Leucoinoitis, i.e., Rheumatism of the Bronchi.—The paper of Dr. Buckler, of Paris, in the *American Journal of Medical Sciences*, is attracting much deserved attention. He states that for many years past he has believed in the existence of a condition of inflammation of the bronchial tubes in which the fibrous structures are primarily and perhaps solely involved. It is a condition which he thinks is remarkably frequent, and of considerable gravity, from the secondary pneumonia it is liable to induce. . . . "As to the physical signs of rheumatic 'leucoinoitis'" says the *Lancet*, "they are notable for their absence. Indeed, the diagnosis is based upon a continued, distressing, hard, dry cough, for which physical examination reveals no sign; the mucous membrane not being swollen or inflamed, there is presumably no change in the caliber of the tubes and no excess of bronchial secretion, and the bronchitis is therefore *mute*. But in several cases the condition leads to pneumonia, or at any rate to pulmonary engorgement, which is made manifest by physical examination. Dr. Buckler goes so far as to attribute the excessive mortality from bronchitis, especially that which occurs in London during the prolonged prevalence of fogs, mainly to this hitherto unrecognized affection."

A case of hemiplegia of the right side, anesthesia of the left, and unilateral sweating of that side of the face, is reported by Dr. T. McCall Anderson, of Glasgow, in the *British Medical Journal*, November 25th.

Iodoform in the Treatment of Burns.—Dr. Robert T. Morris, in the *Medical Record*, thus describes a case treated by him successfully: About the wrist and on the back of the hand and between the fingers the burns were of the third degree, while at the upper portion of the forearm there was simply hyperemia of the skin. First, all the blebs were opened and every part of loosened cuticle carefully pulled away and trimmed closely to the edge of healthy skin, so that the inflamed surface was exposed and dressings directly applied. This dead cuticle all out of the way, it could not form recesses for storing discharges which would decompose and irritate the sensitive skin beneath. Iodoform was sprinkled thickly over the surface, acting as an ideal antiseptic and being analgesic to such a degree that complete relief from pain rapidly followed, and suppuration was limited decidedly by its action in restraining exuberant granulation. Strips of cheese-cloth were spread thickly with vaseline, and surface sprinkled generously with iodoform, the strips wound closely about, avoiding wrinkles.

A case of osteoma of the conjunctiva is reported by Dr. E. G. Loring in the *New York Med. Journal*, January 6th: The weight of the mass was, after removal, 45 milligrammes; length, 8 millimeters; width 5.5 millimeters; height, 2.5 millimeters. It was oval in shape, with the long diameter in the horizontal meridian of the eye. It was convex above and concave below where it rested upon the sclera. The bony growth is enveloped in a thin fibrous capsule. The growth is found to consist of true bone.

Two successful cases of cholecystotomy are reported by Mr. Lawson Tait, in the *British Medical Journal*. In one he removed about eighty gall stones of small size, the largest weighing fifteen grains. They were removed chiefly by the use of a *curette*. Neither at the operation nor in the after-treatment were any of the "antiseptic" methods of Professor Lister employed, as he has entirely discarded all these for about two years, with great advantage to his patients. In the other he removed sixteen gall stones, varying from seven to thirty-five grains in weight.

Lunatics in Paris.—At the beginning of the century there were only 946 lunatics in Paris, at the end of last year the total was 8,260; while the population has only increased threefold, the number of lunatics has increased nearly ninefold. For the last ten years there has been a mean annual increase of about two hundred. The number of cures effected last year was 683, about one in nine; the number of deaths was 1,443, one in eight, the majority of deaths and cures being among first-year patients.

The Face in Disease.—Marshall Hall's principle of diagnosis is, that in general it may be observed that the brow is contracted by pain within the head; the nostrils are drawn acutely upwards by pain in the chest; and the upper lip is raised and stretched over the gums or teeth by painful affections of the abdomen.

Typhoid Fever in Paris.—The deaths from typhoid fever in Paris from the beginning of the year till November 16th have amounted to 2,765, or in the annual ratio of 141 per 100,000.

